




BRFSS 2008 Annual Health Report

Government of the District of Columbia
Department of Health
Center for Policy, Planning and Evaluation

Government of the
District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
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September 2010

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

Office of the Director

Dear Colleague:

We are pleased to present the District of Columbia Behavioral Risk Factor Surveillance System 2008 Annual Health Report. Behavior is important to health and understanding what we are at risk for as individuals and communities can help us live more healthy and productive lives. This survey allows the Center for Policy, Planning and Evaluation's Behavioral Risk Factor Surveillance System (BRFSS) Program to monitor modifiable risk factors for chronic disease and other leading causes of death here in our Nation's capital.

The data presented herein helps the Department of Health and its community partners to:

- Increase public awareness of personal behaviors that may have negative health consequences
- Provides baseline data that may be used to support funding proposals and reports
- Guide policy decisions for improving the health of District residents
- Monitor progress toward achieving year 2010 health objectives

The Department of Health plays a major role in identifying and prioritizing the District's health challenges and the impact that the have on our residents' quality of life. We hope that you find this report useful in helping you plan and execute your public health activities.

If you would like to request additional copies of this report, please contact Tracy Garner, Program Coordinator, Behavioral Risk Factor Surveillance System, District of Columbia Department of Health, 825 North Capitol Street, NE 8th Floor, Washington, DC 20002, or call 202-442-5857.

Sincerely,

Pierre N.D. Vigilance, MD, MPH
Director

Acknowledgement

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Executive Summary

The health of a community lies in its ability to address and act upon risk factors that debilitate its growth and development. Identifying associated risks and unhealthy behaviors, education, and making resources available are paramount to removing disparities and barriers that exist among communities and populations. Health professionals and health delivery systems are challenged with decreasing or removing existing barriers in communities where disparities are prevalent. Disparities such as obesity, substance abuse and addiction, disability and/or physical limitations, physio-environmental challenges (such as traffic, crime, overcrowding, lack of parks and recreational facilities) contribute to high morbidity and mortality rates. Such disparities are often times enveloped and rooted in years of unmet needs relative to the culture and experiences of existing communities that comprise many urban cities. The District of Columbia has experienced such challenges and uses its Annual Report of Health as a measurement of progress and lack thereof.

Information for the Annual Report of Health was obtained almost entirely from data captured and collected from the 2008 Behavioral Risk Factor Surveillance System (BRFSS) survey. The BRFSS is a CDC-sponsored health-risk telephone survey, and data from this survey is collected monthly, in all 50 states the District of Columbia and 3 territories, and has been ongoing since 1984.

The District of Columbia has used the BRFSS to capture, collect, and maintain data to support programs that are instrumental in meeting the health needs of its residents. The survey is significant in its use for needs assessments and planning, informed policy decisions and legislation, and to monitor the effectiveness of implemented programs. Interventions and strategies for health promotion and resource allocation are established from data collected through the BRFSS as the data will provide the basis for future funding and support by key stakeholders for at-risk underserved populations.

In the past, the District of Columbia has used the BRFSS system mostly for program planning especially in the areas of immunizations and chronic illnesses such as asthma, diabetes and HIV/AIDS.

Focus areas of this report will include:

- Results of health risks and behaviors;
- Mortality review which includes health indicators that were attributed to the leading causes of death in the District;
- Child health self-reported data for future monitoring and surveillance;
- A comparison of prevalence trends in the nation, the District, and with cities of like demographics (Baltimore, Memphis, and Detroit);
- Healthy People 2010 Initiative objectives and city goals attained.

It is important to convey the significance of data captured from the BRFSS and how this data should be used to strategically improve the health of District of Columbia residents and to avoid future preventable health challenges. The Annual Report, therefore, is an illustration of progress made and obstacles that must still be overcome.

- Overall 90.9% of District residents have healthcare coverage
- Women 19.8% were more likely than men (14.5%) to be limited in activities due to physical, mental or emotional problems
- Eight percent of District residents have been diagnosed with diabetes
- Overall 9.6% of District residents currently suffer from asthma
- Overall 32.8% of District residents are overweight and 22.3 are obese
- Overall 16.2% of District residents are current smokers

Introduction

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest health-risk behavior telephone survey in the world and provides the only nationwide health-risk data in the country. All 50 states, the District of Columbia, and three territories carry out this ongoing telephone survey, sponsored by the U.S. Centers for Disease Control and Prevention (CDC) independently.

The purpose of the BRFSS is to identify emerging health issues, document health trends, compare health behaviors across states, and to measure progress toward health-related goals.

In the past, the District of Columbia has used the BRFSS system to provide data for legislative policies which resulted in the successful passage of tobacco control mandates. More recently, data collected from the BRFSS has been utilized throughout the Health Department specifically in program planning in the following areas:

- ***HIV Administration*** – Data from the BRFSS has assisted with the comparison of population-level data with data collected from routine HIV testing. BRFSS data also serves as an instrument for planning for healthcare accessibility and preventive care services, and as an indicator for populations that are at an increased risk for HIV (such as victims of sexual assault and persons who participate in risky sexual behavior resulting from alcohol consumption and substance abuse/use).

- ***Immunization Program*** – The DC Immunization Program uses the BRFSS data to track influenza and pneumococcal rates for DC residents 65 years of age and older and for strategically organizing vaccination clinics throughout the city – especially in areas where large numbers of seniors reside and in areas with low flu and pneumococcal vaccination rates. Prevalence rates and trends are also compared with data from other states and cities with comparable demographics.

- ***Asthma Control Program*** – The District of Columbia Control Asthma Now (DC CAN) Program uses BRFSS data as one of the major data sets for surveillance of adult asthma. In 2005 the Asthma Program added the child asthma optional module to the BRFSS questionnaire. Based on BRFSS data in 2007, the asthma program funded educational interventions for day-care providers. The data indicated that the highest rate of hospitalization is for the 0-4 year old population. Day-care providers were targeted as children in this age range are in the care of childcare providers for 6 hours or more a day. In addition, the BRFSS data was used to develop two asthma fact sheets ("*Asthma in Adults" and "Asthma in Children 2007*"). The data was also used to help develop and update the *Annual Burden of Asthma Report.*

- ***The Cardiovascular Health Program*** – Data acquired from the BRFSS was used by the Cardiovascular Program (CHP) to develop the comprehensive strategic planning document *"District of Columbia Plan to Prevent and Control Cardiovascular Disease, Diabetes and Kidney Diseases 2008-2013".* In addition, the CHP annually reports BRFSS data supplied as an indicator of District residents' awareness of CVD risk factors, recognition of signs and symptoms of heart attacks and strokes, and the importance of calling 9-1-1.

In its continued efforts to capture critical data, the BRFSS will expand its data collection to include children's health diagnoses and rendered medical services. Childhood illnesses and diseases such as asthma, diabetes, and oral health were collected during the 2008 survey period with the intent of continuing such data collection to assist in health education, promotion, program planning, health policy

implementation, and for future development of evaluation tools to improve health services throughout the city among school-age children.

This report will also include District of Columbia mortality data as it relates to contributory causes of unhealthy behaviors. The data collected on cardiovascular disease, cancer, HIV/AIDS, and diabetes is intended to be utilized to advance health promotion activities that encourage changes in unhealthy behaviors and habits that are prevalent among District residents.

Survey Methodology

The BRFSS is a telephone survey that uses random dialing and is conducted indiscriminately with adults within households containing telephones in the District of Columbia. This methodology for conducting BRFSS surveys is standardized by the CDC and described in the BRFSS User's Guide and related policy memos. (See CDC website at http://www.cdc.gov/brfss/.) ICF Macro, an independent survey research company, collected survey data for the 2008 District of Columbia BRFSS following this methodology summarized below.

Survey Sample

BRFSS protocol calls for a probability sample of all households with telephones within each participating state or territory. With this method, each household with a telephone in the survey area has a known chance of selection for the study.

The 2008 District of Columbia BRFSS accomplished this with a disproportionate stratified random digit dial (RDD) sample based on a list-assisted frame. Marketing Systems Group (MSG), using their proprietary Genesys sampling software, generated the sample for the District of Columbia BRFSS, as they do for all states participating in the BRFSS.

The Genesys sample was drawn quarterly from all working banks of District of Columbia telephone numbers, and provided to Macro each month. The sample included both listed and unlisted numbers. The sample was pre-screened for non-working and business numbers.

Survey Questionnaire

The BRFSS questionnaire consists of three parts:
The **"core"** questionnaire consists of a standard set of questions, designed by the CDC, that are included in the survey for every state. Core modules administered for the 2008 District of Columbia BRFSS were:

- Health Status
- Health Care Access
- Exercise
- Oral Health
- Asthma
- Tobacco Use
- Alcohol Consumption
- Falls
- Drinking and Driving
- Prostate Cancer Screening
- HIV/AIDS
- Healthy Days – Health-Related Quality of Life
- Sleep
- Diabetes
- Cardiovascular Disease Prevalence
- Disability
- Demographics
- Immunization
- Seatbelt Use
- Women's Health
- Colorectal Cancer Screening
- Emotional Support and Life Satisfaction

The CDC also designs **"optional" modules.** These modules comprise of standardized questions on various topics and may be selected by any state for inclusion as a part of their questionnaire. However, a selected module must be used in its entirety and asked of all eligible respondents. If an optional module is modified in any way, then the questions are treated as "state-added" questions. Optional modules included in the 2008 District of Columbia BRFSS were:

- Diabetes
- Childhood Asthma Prevalence
- Random Child Selection
- Adult Asthma History

Survey Methodology

States design **"state-added"** questions to address topics not covered in the CDC modules, or to gather detailed information about certain topics. The District of Columbia Department of Health added questions to the 2008 BRFSS on the following topics:

- Tobacco Use (additional question)
- Child Oral Health
- Adult Oral Health
- Sexual Orientation
- Intimate Partner Violence
- Demographics (Ward)
- Child Diabetes
- Diabetes
- Sexual Violence

The survey was programmed and administered using the Computer-Assisted Telephone Interviewing (CATI) software designed specifically for telephone survey research. This software, called Survent, is by the Computers for Marketing Corporation (CfMC).

The survey consisted of 127 questions. Not all questions were administered to all respondents; however, some questions were administered only to respondents with certain characteristics, determined by responses to previous questions. The CATI software system controls this survey logic. The average survey length in 2008 was 28.6 minutes.

Interviewing Protocol

Experienced, supervised personnel conducted the surveys using CfMC's Survent software. A total of 4,243 completed interviews were obtained during the year – a 12- month calling period beginning January 1, 2008 and ending December 31, 2008. Interviewers adhered to the following procedures when contacting households for interviews:

Random Respondent Selection. For each household contacted, one adult was selected for an interview using a household roster and automated random selection process. If that adult was unavailable during the survey period, unable or unwilling to participate, or did not speak English well enough to be interviewed, no survey was conducted.

Contact Attempts. Up to 15 attempts, over a minimum five-day period (typically 15 days), were made to reach each sampled telephone number. Once contact was made at a residence, as many calls as necessary were made to reach the randomly selected adult (within the permitted time schedule). Attempts were made on different days of the week and at different times of day, in a pattern chosen to maximize the likelihood of contact with the minimum number of calls.

Non-English Households. The 2008 District of Columbia BRFSS was conducted in English only. No attempts were made to conduct an interview in a household where the randomly selected adult could not be interviewed in English. When a Spanish-speaking individual was contacted, a bilingual interviewer attempted to determine if the selected person was capable of completing the survey in English.

Converting Initial Refusals. Specially trained interviewers re-contacted households that initially refused, at least three days later, to persuade respondents to participate in the survey.

Quality Control Measures. Supervisors monitored 10% of interviews using a remote monitoring feature of the CATI software. During these sessions, the supervisor simultaneously monitored both the interviewer-respondent interaction on the telephone and the data entered by the interviewer into the CATI system – scoring the interviewer on a variety of performance measures. Neither interviewers nor respondents were aware when calls were monitored.

Survey Methodology

Response Rates

Response rates for the District of Columbia BRFSS are calculated according to formulas developed by the Council of American Survey Research Organizations (CASRO), as specified by the CDC. Three response rates are calculated:

- The cooperation rate measures how successful interviewers are at completing interviews once a respondent has been contacted and selected. The cooperation rate for the 2008 District of Columbia BRFSS was 68.1%.
- The CASRO response rate is the percentage of interviews completed from all eligible respondents. The CASRO response rate for the 2008 District of Columbia BRFSS was 40.6%.
- The overall response rate is a measure of sample frame efficacy. It shows the rate at which the total sample dialed produces completed interviews. The overall response rate for the 2008 District of Columbia BRFSS was 21%.

Data Analysis

Data for the 2008 District of Columbia BRFSS was delivered to the CDC each month; the data were then aggregated and the CDC weighted it after interviewing was complete for the year.
Data were weighted to adjust for differences in the probabilities of selection of each respondent. This weight accounted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household.

An additional post-stratification adjustment was also made to ensure that the sample proportions of selected demographic characteristics (gender, age, and race) were equal to the estimated sample proportions in the population, and to make the sum of the weights equal to the population of the District of Columbia. In this report, all data are weighted unless otherwise noted.

Limitations of the Data

As with any sample survey, depending on the confidence limit selected, the results of the District of Columbia BRFSS can vary from those that would have been obtained with a census of all adults living in telephone-equipped households. The results of this sample survey could differ from the "true" figures because some households cannot be reached at all and others refuse to participate. These non-responding households may differ from respondents (those who actually participate in the survey) in terms of attributes relevant to the study.

The sample-design used in the District of Columbia BRFSS results in a 95% confidence interval. In other words, 95 times out of 100, the BRFSS results will vary no more than a given number of percentage points from the figure that would have been obtained if data had been collected for all adults in District of Columbia households with telephones.

Small Numbers

Small numbers of respondents are also an issue when analyzing data. A difference in the responses of only a few individuals can result in a large difference in percentage of the total for that group.
Small numbers of respondents in a group generally occur in one of two ways. First, very few respondents in the total sample have a particular characteristic under analysis. Second, the survey logic limits the number of respondents receiving a particular question, thereby reducing the number of respondents in each analytical unit from that item. Where counts are less than 50 respondents per subgroup, caution should be used in drawing conclusions from the data.

Survey Methodology

The survey population excludes adults:

- In penal, mental, or other institutions;
- Living in group quarters such as dormitories, barracks, convents, or boarding houses;
- Contacted at a second home during a stay of less than 30 days;
- Who do not speak English well enough to be interviewed;
- Living in households without telephones.

Washington DC Demographic

Founded in 1790, the District of Columbia's population has fluctuated. At the start of the Civil War, the city's population was 75,000 and grew to 802,000 by the 1950 census. Around that time (1950), the District's white population significantly migrated to suburbia resulting in the white population falling by over 300,000 persons. Although a great loss had occurred, the city's exiting population was balanced by the growing number of African Americans moving to the city. Following the riots in the late 1960's, the black middle-class population began to exit the city. Subsequently, the District's population fell from 757,000 in 1970 to 572,000 by the 2000 census. [1]

Today, the population dynamics of the city has once again changed. The growth of the city is reflected in the 2008 population estimate of The American Community Survey (ACS) where figures indicate that the city's population is 591,833 persons. There is a growing number of Hispanic and Asian residents, and the white population is again increasing.

The estimates indicate that 47% of the District's population is male and 53% is female. An analysis of age demographics reflects that the largest population is the 25-34 year old age group (18%) with adults aged 35-44 years old as second (14%). The smallest population represented as District of Columbia residents are persons in the 55-64 year old age range (11%).

Comprised of a myriad of races and ethnicities, the District's African American population is estimated to be highest at 54% followed by Caucasian at 40%. The Hispanic/Latino population makes up nearly 9% of the population and other races – either singly or combined – make up nearly 6% of the District of Columbia population.

Although ACS estimates begin at age 25 years old, over 400,000 persons had attained some level of education. College graduates were most represented at 48% followed by high school graduates (20%). Eighteen percent (18%) of residents represented had attained some college education while 14% of District residents had less than a high school education.

District of Columbia – Tables 1 and 2: 2000 Census and 2008 District of Columbia BRFSS Demographic Data

- Residents of the District of Columbia were more likely to be female (53%) than males (47%)
- Adults aged 25-34 years old (24%) ranked highest in population followed by residents 35-44 years old (19%). Persons ages 18-24 years and 65 years and older were less likely to be residents of the District (13% equally).
- African Americans ranked highest in population at 52% followed by Caucasians at 35%. Hispanic adults (6%) were less likely to be residents of the District of Columbia.
- College graduates (51%) were more likely to be residents of the District of Columbia followed by adults with a high school education (22%). Adults (8%) with less than a high school education were less likely to be residents of the District of Columbia.
- Adults (39%) with annual household incomes of $75,000 or greater were more likely to be residents of the District of Columbia. Adults with annual household incomes of $25,000 - $34,999 were less likely to be residents of the District of Columbia (11%).
  By Ward of the City
- Males were more likely to live in Wards 2 and 6 (50%) and less likely to live in Ward 8

Washington DC Demographic

(36%). Similarly, females were more likely to live in Ward 8 (65%) and less likely to live in Wards 2 and 6 (50% each). Forty-eight percent (48%) of males and fifty-two percent (52%) of females did not know in which ward they resided.

- Caucasians (78%) were more likely to live in Ward 3, African Americans were more likely to live in Ward 7 (95%), and Hispanics were more likely to live in Ward 2 (12%). Adults specifying their race as "other" were more likely to live in Ward 1 (7%).

- Forty-four percent (44%) of Caucasian adults, 22% of African American adults, 25% Hispanic adults, and 9% of other races did not know in which ward they resided.

- Adults aged 18-24 years (13%) were more likely to reside in Ward 1; adults aged 25-34 years were more likely to reside in Wards 1, 2, and 6. (31% each). Adults aged 35-44 years were more likely to reside in Wards 1, 2, 4, and 6 (20% each). Adults aged 45-54 years (21%) were more likely to reside in Ward 7. Adults aged 55-64 years (20%) were more likely to reside in Ward 3. Adults 65 years and older were more likely to reside in Ward 7 (24%).

- Adults with less than a high school education (16%) and adults with a high school education (37%) were more likely to reside in Ward 8. Adults with some college were more likely to reside in Ward 7 (26%) and adults who were college graduates (82%) were more likely to reside in Ward 3.

- Adults with annual household incomes of less than $15,000 (20%), adults with annual household incomes of $15,000 - $24,999 (23%), and adults with annual household incomes of $25,000 - $34,999 (16%) were more likely to reside in Ward 8. Adults with annual household incomes of $35,000 -$49,999 (19%) were more likely to reside in Ward 7. Adults with annual household incomes of $50,000 - $74,999 (19%) and adults with annual household incomes of $75,000 or greater (67%)were more likely to reside in Ward 3.

Reference:

1. Tatian, P.A., Kingsley, G.T., Turner, M.A., Comey, J., & Rosso, R. (2008). State of Washington, D.C.'s neighborhoods. The Urban Institute, Washington, DC. Retrieved on December 4, 2009 from http://www.urban.org/publications/411881.html.

City Demographic Comparison

Disparities, despite best efforts, continue to exist. Socioeconomic status, education, gender, race, and disabilities are some of the disparities that continue to thrive in many communities. Health professionals and delivery systems are often challenged with meeting the needs of numerous cultures in growing metropolitan areas, recognizing that many urban cities have now become melting pots of diversity. Such dynamics require health professionals to have: (1) recognition of various levels of disparities; (2) effective communication skills to appropriately serve those with language and literacy barriers; and (3) understanding health consequences resulting from cultural differences.

To determine if disparities are widespread among urban cities and since the BRFSS captures data from all 50 states and 3 territories, a comparison of cities with like demographics is presented in this annual report. It is intended to attempt to understand what health-related risks and behaviors are common among urban cities. Socioeconomic and educational statuses, race, ethnicity, gender, and physio-environmental disparities (overcrowding, crime rates, pollution, and other neighborhood aesthetics) are all contributors to health disparities. Hopefully, from this comparison, collaborative partnerships can be formed with an exchange of information and dialogue that will be of assistance to policy makers, program managers, and health professionals. Cities compared to the District of Columbia in this edition of the annual report include Baltimore (MD), Detroit (MI), and Memphis (TN). It is important to note that data collected from the BRFSS for Memphis comprises of eight counties in the three states of Tennessee, Mississippi, and Arkansas. Additionally, population estimates for 2008 from the U.S. census were available only for Memphis (Shelby County) and the District of Columbia. Population estimates for 2006 are used for Baltimore and Detroit. Listed below are statistics obtained from the Census Bureau which gives a brief snapshot of the similarities and differences of each city.

Washington, DC

The 2008 Census population estimate was 591,833 persons, a 3.5% increase since April 2000. (The 2000 census population was 572,059.) The demographic composite, based on the 2000 census population consisted of:

- 54.4% Blacks, 40.1% Whites, 0.4% American Indian and Alaska Natives, and 3.4% Asians. Persons of Hispanic or Latino origin made up 8.6% of the population.
- 11.9% of the population was 65 years old and over.
- 77.8% of the population age 25 years old and over were high school graduates and 39.1% of the population age 25 years old and over held a Bachelor's degree (based on 2000 census).
- The median household income (2007) was $54,812 and 17.1% of the population lived below the poverty level (2007).

Baltimore, Maryland (Baltimore City ONLY)

The 2006 Census population estimate was 631,366 persons, a 3.0% decrease since 2000. (The 2000 census population was 651,154.) The demographic composite, based on the 2000 census population consisted of:

- 64.3% Blacks, 31.6% Whites, 0.3% American Indian and Alaska Natives, and 1.5% Asians. Persons of Hispanic or Latino origin made up 1.7% of the population and foreign-born persons made up 4.6%.
- 13.2% of the population was 65 years old and over
- 68.4% of the population age 25 years and older were high school graduates and 19.1% of the population age 25 years and older held a Bachelor's degree or higher.
- The median household income (1999) was $30,078 and 22.9% of the population lived below the poverty level (1999).

City Demographic Comparison

Detroit, Michigan

The 2006 Census population estimate was 871,121 persons, an 8.4% decrease since 2000. (The 2000 census population was 951,270.) The demographic composite, based on the 2000 census population consisted of:

- 81.6% Blacks, 12.3% Whites, 0.3% American Indian and Alaska Natives, and 1.0% Asians. Persons of Hispanic or Latino origin made up 5.0% of the population and foreign-born persons made up 4.8%.
- 10.4% of the population was 65 years old and over
- 69.6% of the population age 25 years old and over were high school graduates and 11% of the population age 25 years old and over held a Bachelor's degree
- The median household income (1999) was $29,526 and 26.1% of the population lived below the poverty level (1999).

Memphis, Tennessee

The 2006 Census population estimate was 670,902 persons, an 1.8 increase since 2000. (The 2000 census population was 650,100). The demographic composite, based on the 2000 census population consisted of:

- 61% Blacks, 34.4% Whites, 0.2%American Indian and Alaska Native, 1.5% Asian, Hispanic or Latino orgin made up 3.0% of the population and foreign-born persons made up 4.0%
- 10.9% of the population was 65 years old and over
- 76.4% of the population age 25 years old and over were high school graduates and 20.9% of the population age 25 years old and over held a Bachelor's degree
- The median household income (1999) was $32,285 and 20.6% of the population lived below the poverty level (1999).

Reference:

[1] Tatian, P.A., Kingsley, G.T., Turner, M.A., Comey, J., & Rosso, R. (2008). State of Washington, D.C.'s neighborhoods. The Urban Institute, Washington, DC. Retrieved on December 4, 2009 from http://www.urban.org/publications/411881.html.

Mortality Review

There were nearly 5,200 District residents who died in 2007. The ten leading causes of death accounted for 63% of all deaths in the District of Columbia in 2007, with heart disease and cancer as the top two leading causes of death by gender, race, and age. In order they were: heart disease (27%); cancer (22%); cerebrovascular diseases (4%); accidents (4%); HIV/AIDS (4%); diabetes (3%); homicide/assault (3%); chronic lower respiratory diseases (2%); Alzheimer's Disease (2%); and influenza & pneumonia (2%).[1]

On average, African American deaths were disproportionate (76%) when weighed against the total population of African American residents of the District of Columbia (60%). African Americans were more than three times more likely to die from heart disease than Caucasians (1,043 African American deaths versus 312 Caucasian deaths) and cancer (871 African American deaths versus 268 Caucasian deaths). The African American crude death rate for diabetes (39.0 per 100,000) accounted for almost four times more than that of Caucasian deaths (10.8 per 100,000). In 2007, HIV/AIDS deaths ranked fifth overall in the District of Columbia and third among African Americans. (This ranking is based upon comparison to the total population of the District of Columbia.) [2]

While chronic diseases accounted for the majority of the District's deaths, accidents and homicide/assault ranked 4th and 7th overall. The number of deaths was almost identical in count by gender (2,579 male deaths and 2,589 female deaths). Based on crude death rates – per 100,000 and 2007 population estimates, males accounted for the majority of deaths in all top ten causes of deaths except cerebrovascular disease, diabetes, Alzheimer's Disease, and influenza/pneumonia. Older residents (age 55 years and above) also accounted for the majority of all chronic disease deaths.

Conversely, HIV/AIDS-related deaths occurred mostly among younger age groups (35-54 years old), accidents (45-54 years of age and persons 85 years old and older), and homicide/assault (15-34 years old). [3]

The Behavioral Risk Factor Surveillance System (BRFSS) is a beneficial instrument that assists epidemiologists, statisticians, and policy makers in developing and promoting health education programs, secure funding when targeting at-risk populations, and implementing resources for healthier communities. Healthy communities (when viewed by the number of health-related deaths) are an indicator of effective utilization of resources that minimize health burdens and consequences. Results from core components of the BRFSS (which include chronic diseases) and other state-added questions are gathered from the survey and are aimed at reinforcing the urgency of maintaining healthy behaviors.

Reference:
1-3. District of Columbia Department of Health, Center for Policy, Planning, and Epidemiology, State Center for Health Statistics. (2009). 2007 Mortality Report.

Survey Results

This chapter presents the results of the 2008 District of Columbia BRFSS by topic. Topics generally correspond to modules of the questionnaire. Where applicable, objectives of the Healthy People 2010 initiative are included in the presentation of the data. Data tables are titled by topic, and a definition of the variable or variables analyzed (either question text, or a brief definition of calculated variables) are included beneath the title. Tables indicate the number of respondents (N) who answered each question in the column to the left of the percentages of respondents giving analyzed responses. Data presented in tables are stratified by key demographic variables (gender, age, race, education, and household income) and Ward.

District Demographics

Table 1. 2008 District of Columbia BRFSS Demographic Data

	Unweighted 2008 DC BRFSS	Weighted 2008 DC BRFSS
GENDER		
Male	37.1	46.0
Female	62.9	54.0
AGE*		
18-24	2.8	8.8
25-34	13.4	27.8
35-44	16.4	18.3
45-54	20.2	16.2
55-64	20.1	13.3
65+	27.2	15.6
RACE		
Caucasian	48.0	36.9
African American	42.7	46.9
Hispanic	3.9	5.6
Other	5.3	10.5
EDUCATION**		
Less than High School	7.9	9.9
High School Graduate	15.7	18.5
Some College	15.3	16.3
College Graduate	61.1	55.2
INCOME		
Less than $15,000	9.7	10.2
$15,000-$24,999	11.1	12.8
$25,000-$34,999	7.5	8.4
$35,000-$49,999	11.1	11.3
$50,000-$74,999	13.1	11.8
$75,000+	47.4	45.5
Ward		
Ward 1	7.8	8.7
Ward 2	9.3	7.6
Ward 3	15.4	11.0
Ward 4	12.6	13.1
Ward 5	9.5	10.1
Ward 6	11.3	10.9
Ward 7	8.6	9.0
Ward 8	6.5	7.4
Don't Know	18.9	22.2

District Demographics

Table 2. District of Columbia BRFSS Demographic Data, By Ward									
	1	2	3	4	5	6	7	8	DK
GENDER									
Male	47.3	50.3	48.9	45.3	46.7	49.9	36.8	35.5	48.4
Female	52.7	49.7	51.1	54.7	53.3	50.1	63.2	64.5	51.6
AGE									
18-24	12.8	4.4	3.6	10.4	6.5	7.4	4.9	9.7	13.2
25-34	30.7	30.6	23.8	16.5	23.3	30.7	23.4	28.6	37.0
35-44	19.9	20.4	16.8	19.7	16.3	19.4	14.9	15.9	19.9
45-54	13.7	16.5	17.8	16.9	18.4	16.1	20.5	14.3	12.5
55-64	14.0	11.9	19.6	17.1	12.7	14.1	12.6	16.2	7.7
65+	9.0	16.2	18.3	19.4	22.8	12.4	23.7	15.4	9.7
RACE									
Caucasian	44.9	63.0	78.3	25.3	13.4	45.2	1.7	0.9	44.0
African American	38.2	19.6	9.5	59.1	79.5	46.3	94..5	94.4	21.7
Other	7.1	5.9	5.2	5.8	5.3	4.1	1.7	1.5	9.0
Hispanic	9.9	11.5	7.1	9.8	1.8	4.3	2.1	3.2	25.3
EDUCATION									
Less than High School	4.7	3.4	1.6	6.4	10.9	7.6	13.9	15.7	17.7
High School Graduate	9.9	10.5	7.1	20.9	23.1	15.4	32.5	36.6	16.1
Some College	20.1	12.7	9.1	17.7	23.5	14.1	26.4	25.1	10.0
College Graduate	65.3	73.4	82.2	55.1	42.6	62.9	27.2	22.6	56.2
INCOME									
Less than $15,000	9.1	4.5	2.3	7.5	11.6	8.4	14.2	19.9	13.4
$15,000-$24,999	12.8	12.0	4.9	9.3	14.2	8.7	16.3	22.3	15.9
$25,000-$34,999	5.0	5.1	2.5	7.8	13.6	7.0	15.5	16.4	7.3
$35,000-$49,999	10.0	8.5	4.8	14.9	17.3	7.9	18.8	12.1	9.8
$50,000-$74,999	14.6	7.4	18.6	11.3	9.5	11.6	12.5	13.2	9.5
$75,000+	48.6	62.6	66.9	49.2	33.9	56.4	22.7	16.0	44.2

Health Status

General Health Status

Health status is a broad concept that researchers use to define the well-being of a population. How it is defined and measured is important in that it measures the effectiveness of health interventions, assesses quality of care, determines the needs of a population, improves clinical decisions made by healthcare personnel (allocating services and resources, planning health-related programs and activities, etc.) and assists in understanding the causes and differences of health among subgroups. [1] Health status has two major components – physical and mental – and suggests completeness of both, not merely free from disease or illness. [2] Both are interrelated and often affect each other. For example, if the mood is depressed (mental), one may be incapable of concentrating on assigned tasks or carrying out day-to-day activities (physical).

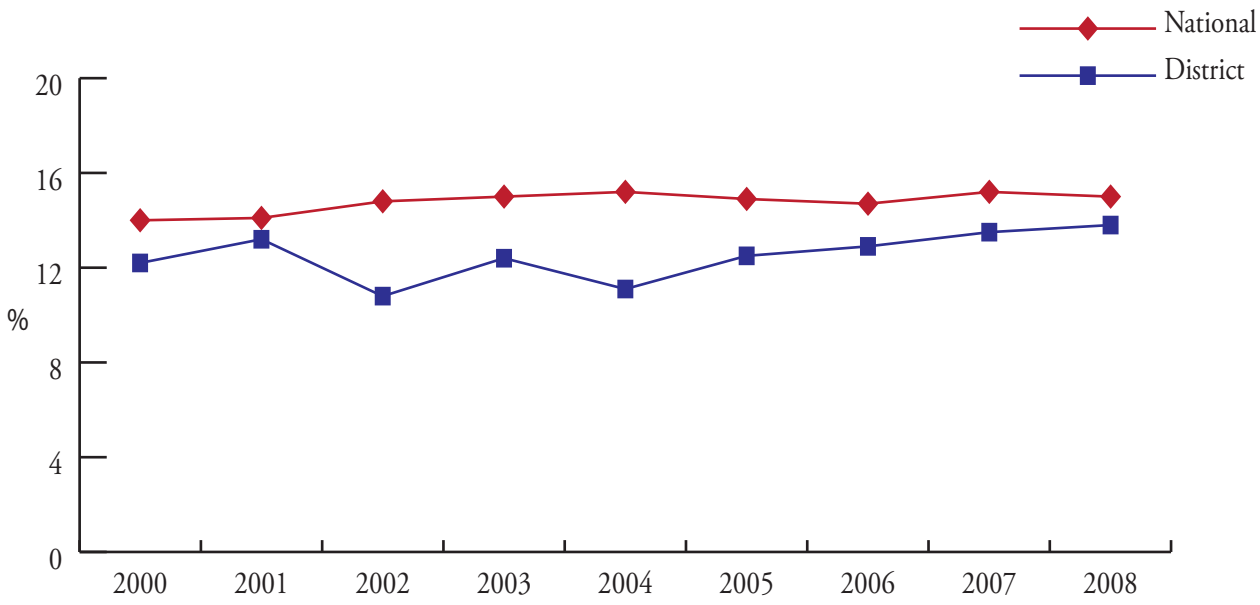
How a person perceives their general health – which may be subjective – can affect other physical ailments from which they may suffer as well as mortality and disability. BRFSS respondents were asked to rate their general health from excellent to poor, and were asked to rate their perceived health status from good or better to fair or poor.

District of Columbia & National Trends

Nationwide, 20% of all respondents indicated their general health was excellent, while almost 4% indicated their general health status was poor. Others indicated their general health was very good (35%), good (30%) and fair (11%). Overall, respondents in the District of Columbia who were asked about their general health indicated the following: excellent health (27%); very good health (35%); good health (25%); fair health (11%), and poor health (3%).

When asked about their health status, 85% of respondents nationwide indicated that they had good or better health while 15% indicated that their health status was fair or poor. District of Columbia respondents were comparable at 84% (good or better) and 16% (fair or poor) respectively. Figures 1 and 2

Figure 1. Percentage of Adults Whose Health Status is Fair or Poor



General Health Status

Figure 2. Percentage of Adults Whose General Health Status is Excellent

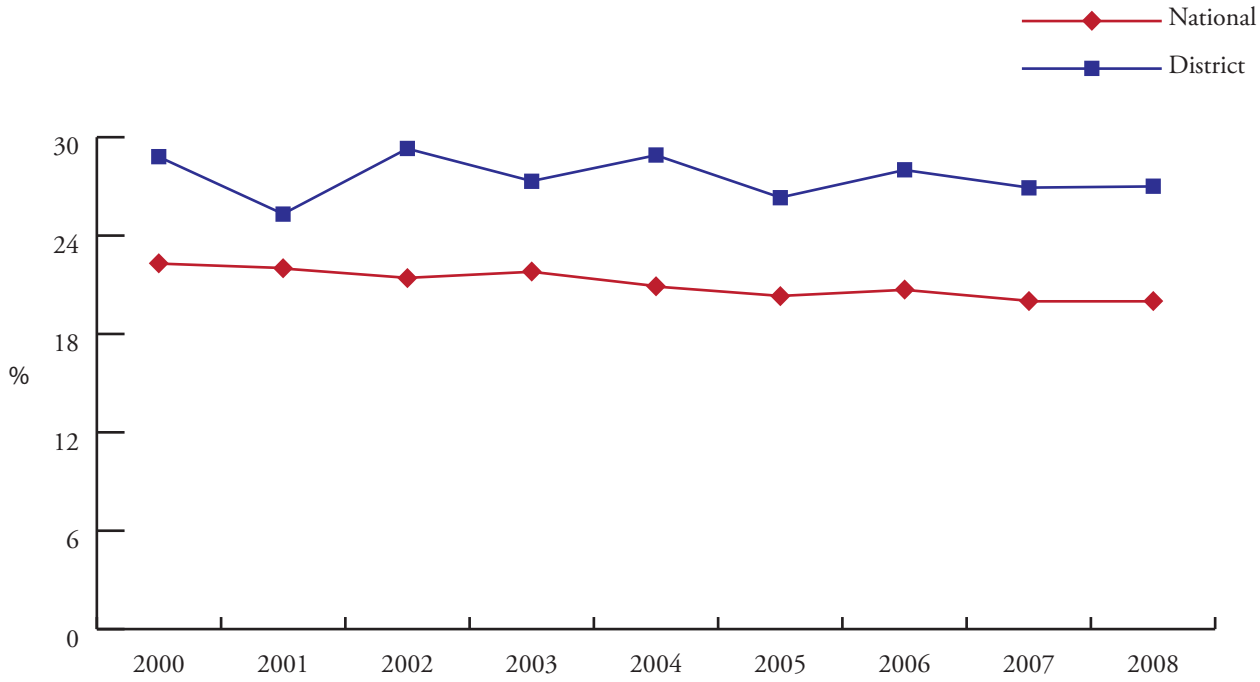


Table 3: Perceived Health Status

- Male and female respondents were equally in excellent, very good, and poor health at 27%, 35%, and 3% respectively. Men (26%) were more likely to be in good health than females (24%).

- Respondents between the ages of 25-34 were more likely to be in excellent health (36%) when compared to respondents in other age groups. Respondents aged 65 years old and older reported being in poor health more than any other age group at 7%.

- Hispanics were more likely to rate their health as good (43%) and fair (18%) than any other race, whereas African Americans were more likely to rate their health as poor (4%) more than any other race. Caucasians' health was rated highest as excellent (37%) and very good (43%).

- College graduates were more likely to rate their health as excellent (34%) and very good (42%) more so than respondents with less education (some college, high school graduates, and less than high school). Respondents with less than high school education were more likely to rate their health as fair (32%) and poor (11%) than others with more education.

- Respondents with the highest level of household income ($75,000 and higher) were more likely to report excellent health (38%) than respondents with lower household incomes. Conversely, respondents reporting poor health were those with lowest household income (<$15,000).

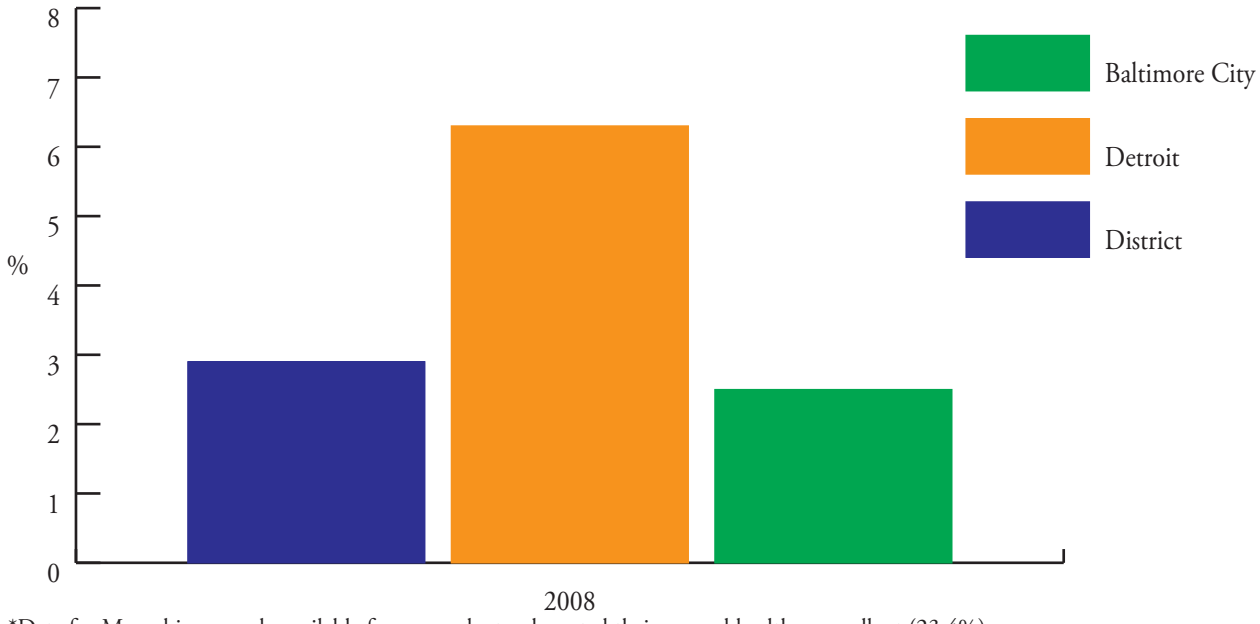
- Residents in Ward 7 were more likely to report being in poor health (7%) more so than any other ward. Residents in Ward 2 were more likely to report being in excellent health (33%) than any other ward.

General Health Status

Trend Comparisons of other cities with like demographics:

When compared with cities of like demographics, respondents in Baltimore were more likely to report their health as excellent (89%) when compared to the District (27%) and Detroit (14%). Both the District of Columbia and Baltimore were equally as likely to report their health as very good (35%) than Detroit (23%). Detroit respondents were more likely to report their health has good (37%) and fair (20%) than respondents in the District (35% and 11% respectively) and Baltimore (29% and 17% respectively). Finally, Detroit respondents were more likely to report their health as poor (6%) more than the District of Columbia (2.5%) and Baltimore at 2.9%. Figure 3

Figure 3. Adult Respondents who Reported their Health was Poor by City



*Data for Memphis was only available for respondents who rated their general health as excellent (23.4%).

HEALTHY DAYS

Table 4: Number of Days of Poor Physical and Mental Health

Overall, 64% of respondents reported zero days within the past 30 days of poor physical health and 67% reported zero days of within the past 30 days of poor mental health days. However, in general, 15-30 days of poor physical health (7%) and 15-30 days of poor mental health (8%) was experienced within 30 days of respondents being surveyed.

- Men (70%) were less likely than women (59%) to report poor physical health within the past 30 days of being surveyed. Additionally, men (73%) were less likely than women (63%) to have day of poor mental health. Women were more likely than men to have 15-30 days of poor physical health (8% compared to 6%) and mental health (10% opposed to 6%).

- Respondents between the ages of 35-44 (68%) were less likely than any other age group, during the past 30 days of being surveyed, to report days of poor physical or mental health, whereas respondents between the ages of 55-64 were 10% more likely than any other age group to have 15-30 days of poor physical and mental health during the past 30 days of being surveyed.

- Caucasian respondents (66%) were more likely than any other race to report no days of poor physical health whereas Hispanics (75%) were more likely to report having zero days of poor mental health. African Americans (10%) were more likely to have poor physical health than any other race and 11% of "Other" races were more likely to report having poor mental health 15-30 days during the past 30 days of being surveyed.

- College graduates were less likely to have, during the past 30 days of being surveyed, days of poor physical health (68%) whereas respondents with less than a high school education (71%) were less likely to have days of poor mental health during the past 30 days of being surveyed. Additionally, respondents with less than a high school education were more likely to report 15-30 days of poor physical (16%) and mental (12%) health than any other education level.

- Sixty-nine percent (69%) of respondents with household income of $35,000 - $49,999 were less likely to have days of poor physical and mental health during the past 30 days of being surveyed whereas respondents with household income of $15,000 or less were more likely to experience 15-30 days of poor physical and mental health than any other household income group.

- Adults who reside in Wards 4 and 8 (67%) were both more likely to report no days of poor physical health than any other ward. Ward 4 residents were also less likely 72% to report any days of poor mental health than any other ward. Ward 8 was 14% more likely than any other ward to have 15-30 days of poor physical and mental health during the past 30 days of being surveyed.

Table 5: Number of Days of Poor Health Interfered with Usual Activities
Respondents were asked "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?".

Overall, fifty-seven percent (57%) of adults were more likely to report not having any days of poor physical or mental health which kept them from doing their usual activities.

- Males (59%) were more likely than females (56%) to report having no days of poor physical or mental health that kept them from doing their usual duties.

- Adults aged 65 years and older and adults age 18-24 years (67%) were more likely than adults of any other age to report zero days of physical or mental health which kept them from doing their usual activities. Conversely, adults aged 55-64 years (13%) were more likely to have 15-30 days of poor physical or mental health than adults of any other age.

- African American respondents (61%) were more likely than adults of any other race to report having zero days of poor physical or mental health which kept them from doing their usual activities. African American respondents (11%) were also more likely than respondents of any other race to have 15-30 days of poor physical or mental health which kept them form doing their usual activities.

- Respondents who were college graduates (58%) were more likely, followed closely by respondents with some college education (57%) and high school graduates (56%), to report having zero days of poor physical or mental health which kept them from doing their usual

activities.

- Respondents whose annual household income was $35,000 to $49,000 were more likely (63%) than respondents with lower or higher annual household incomes to report having zero days of poor physical or mental health which kept them from doing their usual activities. Respondents with annual household incomes of less than $15,000 were more likely to report having 15-30 days of poor physical and mental health which kept them from doing their usual activities.

- Residents of Ward 5 (68%) were more likely than residents of any other ward to report having zero days of poor physical and mental health which kept them from doing their usual activities. Conversely, residents of Ward 8 (14%) were more likely (followed closely by residents of Ward 7 at 13%) than residents of any other ward to report having 15-30 days of poor physical or mental health which kept them from doing their usual activities.

General Health Status

Table 3. Perceived Health Status, by Demographics and Ward
"How would you rate your general health?"

	N	Excellent	Very Good	Good	Fair	Poor
TOTAL	4167	27.0	34.7	24.5	11.0	2.9
GENDER						
Male	1548	26.9	34.8	25.9	9.9	2.6
Female	2619	27.1	34.6	23.3	11.8	3.2
AGE						
18-24	117	24.3	34.6	30.7	10.3	.0
25-34	561	35.6	39.7	17.4	5.7	1.5
35-44	685	33.7	34.3	23.2	7.4	1.4
45-54	758	26.3	34.3	23.9	12.8	2.7
55-64	841	19.3	29.8	31.0	14.5	5.4
65+	1122	12.6	30.7	30.1	19.9	6.8
RACE						
Caucasian	1975	37.0	43.2	15.5	3.1	1.0
African American	1735	20.9	30.6	28.2	16.1	4.2
Other	121	27.2	41.9	18.4	9.5	3.1
Hispanic	217	17.7	18.5	42.8	17.5	3.5
EDUCATION						
Less than High School	323	10.4	15.6	30.9	32.0	11.0
High School Graduate	645	21.4	25.8	31.5	16.9	4.4
Some College	632	20.5	31.5	32.2	13.0	2.8
College Graduate	2553	33.9	42.1	18.5	4.6	.9
INCOME						
Less than $15,000	355	17.3	17.0	31.1	24.4	10.2
$15,000-$24,999	397	18.0	22.5	33.9	20.7	4.9
$25,000-$34,999	268	18.1	32.6	27.9	18.1	3.2
$35,000-$49,999	404	18.8	37.8	29.7	12.3	1.4
$50,000-$74,999	476	24.9	42.8	26.1	4.7	1.6
$75,000+	1732	38.4	41.9	15.0	4.3	.4
WARD						
Ward 1	321	32.0	34.6	25.8	6.7	.9
Ward 2	387	33.4	37.1	23.4	5.4	.8
Ward 3	641	30.6	42.0	22.7	3.6	1.1
Ward 4	519	24.6	35.1	26.2	12.4	1.7
Ward 5	395	21.2	33.2	29.2	12.4	3.9
Ward 6	473	22.4	44.5	17.1	12.6	3.4
Ward 7	358	18.4	30.7	27.1	17.3	6.5
Ward 8	268	25.6	27.6	26.0	15.5	5.3

General Health Status

Table 4. Number of Days of Poor Physical and Mental Health Demographics and Ward

"Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" and " Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

	Days Poor Physical Health					Days Poor Mental Health				
	N	0	1-7	8-14	15-30	N	0	1-7	8-14	15-30
TOTAL	4162	64.1	25.0	4.0	7.0	4172	67.4	21.4	3.4	7.8
GENDER										
Male	1544	69.7	21.3	3.0	6.1	1542	73.0	18.9	2.6	5.6
Female	2618	59.4	28.1	4.8	7.7	2630	62.7	23.6	4.1	9.7
AGE										
18-24	116	58.9	38.7	0	2.4	117	64.1	20.5	6.8	8.6
25-34	567	66.7	27.0	3.1	3.1	565	60.0	28.5	3.4	8.1
35-44	686	67.5	23.0	5.0	4.5	681	68.8	22.7	3.3	5.3
45-54	846	63.4	22.8	4.4	9.3	846	68.4	20.1	2.9	8.6
55-64	841	61.4	22.8	4.7	11.2	841	68.7	18.4	3.3	9.6
65+	1106	61.4	19.9	5.4	13.3	1122	78.9	11.5	2.2	7.4
RACE										
Caucasian	1978	65.5	28.7	2.3	3.5	1973	64.6	27.1	3.2	5.0
African American	1731	62.8	22.7	5.1	9.5	1746	66.8	18.9	4.0	10.4
Other	162	64.9	28.2	.9	6.0	160	70.0	17.5	1.5	10.9
Hispanic	214	64.9	20.1	6.5	8.5	218	74.5	18.1	2.2	5.2
EDUCATION										
Less than High School	310	59.0	19.5	5.2	16.4	321	71.2	13.7	2.8	12.4
High School Graduate	645	59.9	23.6	6.0	10.6	650	70.0	16.3	4.0	9.6
Some College	635	59.5	26.3	5.3	8.9	631	62.4	21.9	4.6	11.1
College Graduate	2560	67.7	26.0	2.7	3.5	2557	67.2	24.4	2.9	5.4
INCOME										
Less than $15,000	345	53.4	18.5	8.2	19.8	350	60.1	18.9	4.1	16.9
$15,000-$24,999	402	59.3	22.8	5.1	12.8	404	64.4	17.3	6.1	12.1
$25,000-$34,999	269	60.4	24.5	4.5	10.6	270	68.8	17.4	2.5	11.3
$35,000-$49,999	405	69.4	23.0	3.8	3.9	405	69.3	19.6	3.3	7.9
$50,000-$74,999	479	63.1	28.5	3.1	5.3	475	64.1	26.4	4.2	5.4
$75,000+	1743	68.7	25.6	2.9	2.8	1742	68.1	25.4	2.6	3.9
WARD										
Ward 1	324	56.7	32.3	4.4	6.6	326	61.7	30.5	1.9	5.9
Ward 2	384	64.2	27.5	4.9	3.4	391	61.2	32.2	2.5	4.0
Ward 3	644	63.9	28.3	3.9	3.9	640	65.4	25.9	4.1	4.6
Ward 4	527	66.5	23.6	3.7	6.2	526	71.7	17.6	2.7	7.9
Ward 5	396	62.5	24.4	4.0	9.2	395	68.3	20.7	2.6	8.4
Ward 6	467	64.4	25.7	3.9	5.9	469	70.6	20.2	2.4	6.7
Ward 7	357	62.7	19.7	5.1	12.5	355	68.4	16.6	2.5	12.5
Ward 8	266	66.7	16.0	3.7	13.6	274	64.0	17.2	4.8	14.0

General Health Status

Table 5. Number of Days of Poor Health Interfered with Usual Activities, By Demographics and Ward

"During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?" (This table represents the total survey population; respondents indicating zero days for poor physical or mental health are included in the figure for zero days of impairment.)

	N	0	1-7	8-14	15-30
Total	2189	57.0	31.1	4.0	7.9
GENDER					
Male	727	59.0	31.4	2.9	6.6
Female	1462	55.6	30.9	4.7	8.8
AGE					
18-24	73	65.6	31.2	2.0	1.2
25-34	329	52.9	39.4	2.7	5.0
35-44	376	55.6	34.8	4.0	5.7
45-54	438	53.1	29.2	5.8	12.0
55-64	453	56.0	24.2	6.6	13.2
65+	520	66.6	17.9	3.6	11.8
RACE					
Caucasian	1034	55.6	37.7	2.4	4.3
African American	945	60.5	24.0	5.0	10.5
Other	73	48.0	37.9	5.0	9.1
Hispanic	103	49.5	41.2	2.4	6.9
EDUCATION					
Less than High School	187	52.2	25.9	4.9	17.0
High School Graduate	358	55.8	25.4	6.3	12.5
Some College	359	56.8	29.0	5.3	9.0
College Graduate	1278	58.3	35.0	2.5	4.2
INCOME					
Less than $15,000	238	54.2	20.5	6.6	18.7
$15,000-$24,999	239	53.2	31.8	3.9	11.1
$25,000-$34,999	152	61.4	19.5	5.9	13.3
$35,000-$49,999	197	63.3	24.8	6.0	5.8
$50,000-$74,999	250	48.2	40.9	4.5	6.3
$75,000+	843	59.2	36.0	2.4	2.4
WARD					
Ward 1	187	54.8	36.0	3.9	5.3
Ward 2	197	56.8	35.8	1.5	5.9
Ward 3	334	55.1	38.6	2.5	3.8
Ward 4	258	55.1	33.3	4.9	6.7
Ward 5	219	67.8	18.2	4.3	9.7
Ward 6	234	51.7	36.1	3.1	9.1
Ward 7	188	58.5	22.0	6.3	13.3
Ward 8	151	61.6	21.4	3.4	13.6

Healthcare Access/Coverage

HEALTHY PEOPLE 2010 OBJECTIVES

- Increase the proportion of persons with health insurance to 100% of adults under 65.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 90%

- Increase the proportion of adults who have a specific source of ongoing care to 96%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 91%

Access to healthcare implies that persons receive medical services whenever needed. However, access to healthcare does not necessarily translate into "adequate" or "quality" care. Aside from lack of insurance coverage, an insufficient number of providers or specialists in service areas, a lack of collaborative partnerships between providers and healthcare agencies, and cultural and language deficiencies are only a few barriers that inhibit and delay healthcare access. When persons are continuously treated for acute illnesses through emergency rooms rather than receiving preventive care, it can be interpreted as a healthcare access concern. Whether or not persons are insured publicly (through state-funded insurance programs such as Medicaid and Medicare) or privately (through insurance coverage provided through their employers or as self-pays), insurance coverage is a much-needed, fundamental requirement for maintaining and improving health.

Increasingly, many agencies and organizations are reporting that persons without healthcare coverage are being affected both financially and physically. More families are becoming inadequately insured meaning they do not have enough insurance coverage to protect them from high medical expenses. In 2007 alone, 59 million Americans reported that they delayed or did not get needed healthcare. This number is a 14% increase from 2003. Besides not having insurance, cost has been the largest reason reported why Americans did not have access to healthcare coverage. Other reasons include: untimely appointments, health plans that would not pay for treatment, inability to obtain referrals from insurance companies, and changes in health insurance status.

The Kaiser Family Foundation indicated in a July 2007 poll that Americans are more concerned about health care costs than other essential life matters such as paying rent or mortgage, financial losses or gains, or being victims of crime or terrorist attacks. [1] Affordability of health insurance is an impediment to health care access in that much needed services for chronic illnesses are not obtained and/or preventive medical services which can aide in producing a quality, healthier life are not secured.

District of Columbia & National Trends

With regard to healthcare access and coverage, respondents were asked a series of questions about their healthcare coverage, their provider(s), whether or not cost was a factor in seeing a doctor (in the past year), and time since last doctor's visit for a routine checkup. ***Nearly 91% of District of Columbia respondents indicated they were presently insured compared Nationally at 85%.*** This rate has steadily increased since 2000 with the lowest number being reported in 2001. Conversely, 10% of District of Columbia respondents ages 18 – 64 years indicated that they did not have any kind of health care coverage. (Figure 4)

Healthcare Access/Coverage

Figure 4. Percentage of Adults who have Healthcare Coverage

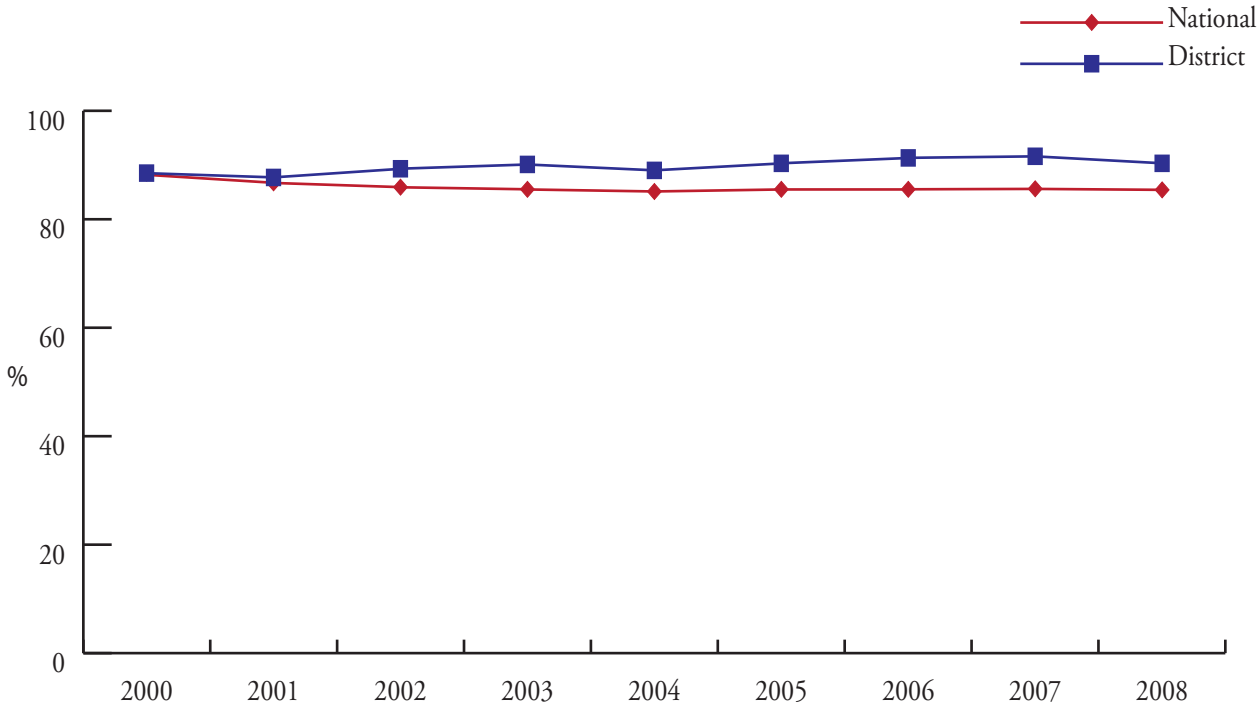


Table 6. Having Health Care Coverage and a Primary Provider

- As a whole, 91% of District residents reporting having health care coverage and one person they think of as their personal doctor or health care provider. This number is the highest on record with the District of Columbia in nearly 10 years.

- Females 93% were more likely than males (88%) to be covered by a health plan, and 77% of females respondents had only one primary provider.

- Respondents who were Caucasian (97%), college graduates (97%), had household income of greater than $75,000 (99%), and were aged 65 years and older (97%) were more likely to have health care coverage.

- Respondents aged 55-64 (84%), African Americans (77%), college graduates (75%), and respondents with household income greater than $75,000 (78%) were all more likely to have only one primary provider.

- Residents of Ward 3 (95%) were more likely than residents of any other ward to be covered by a health plan. Whereas residents of Ward 8 reported having only one primary provider compared to all other wards within the District.

Table 7. Inability to See a Doctor Because of Cost

- As a whole, 90% of District residents who responded to this survey indicated there was not a time in the past 12 months (of taking the survey) when they needed to see a doctor but could not because of the cost. Conversely, females (11%), respondents aged 18-24 years (17%), Hispanics (21%), respondents with less than a high school education (17%), and respondents with household incomes between $15,000 and $24,999 (23%) indicated that

they experienced, within the past 12 months (of being surveyed) being unable to see a doctor due to cost.

Table 8. Time since Last Check-up

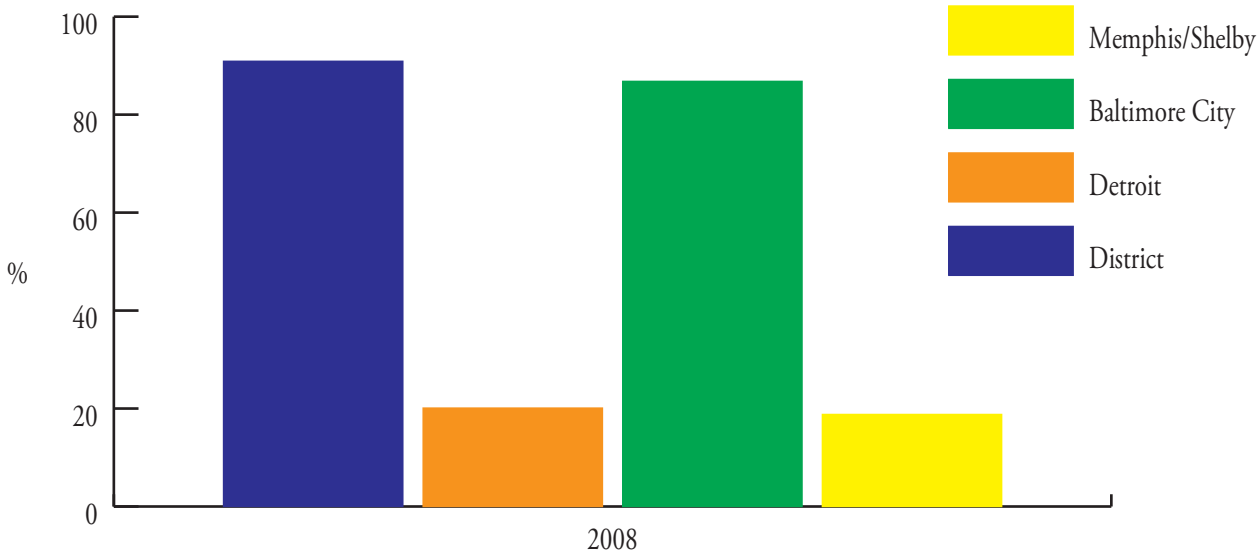
- Seventy-three percent (73%) of all District residents indicated they had been seen by a doctor for a routine check-up within the past year (of being surveyed). However, males (2%), respondents aged 35-44 years (3%), Hispanics (9%), college graduates (5%), and respondents making less than $15,000 (4%) had never seen a physician for a routine check-up.

- Residents of Ward 7 had the highest percentage reported of seeing a doctor for a routine check-up within the past year (87%), whereas 4% of residents in Ward 2 reported never being seen by a physician for a routine check-up.

Trend Comparisons of other cities with like demographics:

The District of Columbia's prevalence rates for access to health care was compared to Baltimore, Detroit, and Memphis. The District fared better at almost 91% with respondents who have access to health care followed by Baltimore at nearly 87%. Detroit's prevalence rate for health care access is at 20%, and Memphis' prevalence rate was reported lowest at nearly 19%. Figure 5

Figure 5. Adult Repondents who Have Health Care Coverage by City



Reference:

1. Kaiser Family Foundation. (2008). Health Security Watch. Retrieved on October 16, 2009 from http://www.kff.org/healthpollreport/CurrentEdition/security/upload/HSW1008.pdf.

Healthcare Access/Coverage

Table 6. Having Health Care Coverage and A Primary Provider, By Demographics and Ward

"Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" and "Do you have one person you think of as your personal doctor or health care provider?"

		Covered By Health Plan		Has Primary Provider	
	N	Yes	N	Yes, only one	More than one
TOTAL	4232	90.9	4236	72.5	6.6
GENDER					
Male	1570	88.1	1573	67.2	6.0
Female	2662	93.3	2663	77.0	7.2
AGE					
18-24	117	79.8	116	50.9	6.9
25-34	570	89.9	570	64.7	5.2
35-44	694	91.2	695	71.6	6.0
45-54	771	91.3	856	79.7	6.4
55-64	848	92.6	849	83.7	5.8
65+	1149	96.7	1150	82.4	10.7
RACE					
Caucasian	1994	97.0	1995	72.7	7.5
African American	1772	91.2	1774	77.2	7.0
Other	126	94.1	164	64.6	6.5
Hispanic	221	68.2	222	55.4	2.8
EDUCATION					
Less than High School	332	74.4	333	64.3	5.8
High School Graduate	660	84.9	663	68.8	6.8
Some College	643	87.2	644	72.8	6.4
College Graduate	2583	96.9	2582	75.0	6.8
INCOME					
Less than $15,000	359	81.3	360	59.9	6.8
$15,000-$24,999	410	76.0	411	63.2	6.6
$25,000-$34,999	277	85.6	277	71.1	5.7
$35,000-$49,999	412	89.7	412	74.9	7.2
$50,000-$74,999	482	95.1	483	72.9	6.7
$75,000+	1753	98.6	1752	77.8	6.5
WARD					
Ward 1	326	91.8	328	68.0	5.9
Ward 2	393	93.2	393	72.9	6.1
Ward 3	650	95.4	651	76.6	9.0
Ward 4	530	90.1	531	76.4	5.0
Ward 5	400	93.3	399	76.6	6.0
Ward 6	477	93.9	476	77.0	7.2
Ward 7	364	91.2	364	75.9	8.2
Ward 8	275	91.1	275	83.3	3.2

Healthcare Access/Coverage

Table 7. Inability to See A Doctor Because of Cost, By Demographics and Ward

"Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?"

	N	Yes	No
TOTAL	4230	10.5	89.5
GENDER			
Male	1569	10.0	90.0
Female	2661	11.0	89.0
AGE			
18-24	118	16.7	83.3
25-34	568	11.1	88.9
35-44	693	11.1	88.9
45-54	772	11.5	88.5
55-64	850	9.5	90.5
65+	1144	5.3	94.7
RACE			
Caucasian	1998	6.0	94.0
African American	1772	11.7	88.3
Other	124	9.3	90.7
Hispanic	218	21.2	78.8
EDUCATION			
Less than High School	331	16.8	83.2
High School Graduate	663	15.9	84.1
Some College	643	14.2	85.8
College Graduate	2580	6.4	93.6
INCOME			
Less than $15,000	357	18.1	81.9
$15,000-$24,999	411	22.5	77.5
$25,000-$34,999	276	17.9	82.1
$35,000-$49,999	412	12.8	87.2
$50,000-$74,999	483	9.2	90.8
$75,000+	1753	3.8	96.2
WARD			
Ward 1	328	7.4	92.6
Ward 2	391	8.7	91.3
Ward 3	651	7.7	92.3
Ward 4	533	11.0	89.0
Ward 5	400	12.9	87.1
Ward 6	476	8.4	91.6
Ward 7	364	10.8	89.2
Ward 8	274	11.6	88.4

Healthcare Access/Coverage

Table 8. Time since Last Check-up, By Demographics and Ward

"About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition."

	N	Within Past Year	Within past 2 years	Within past 5 years	5 or more years ago	Never
TOTAL	4204	73.1	13.7	7.9	4.0	1.3
GENDER						
Male	1567	66.4	14.4	11.1	6.2	2.0
Female	2637	78.8	13.1	5.1	2.1	0.8
AGE						
18-24	114	67.0	14.7	16.1	0.9	1.3
25-34	566	66.2	15.6	10.0	6.6	1.5
35-44	688	66.5	16.8	8.3	5.2	3.3
45-54	855	76.2	13.5	6.6	2.8	0.9
55-64	845	77.5	13.1	6.0	3.2	0.1
65+	1136	89.3	7.0	1.8	1.6	0.3
RACE						
Caucasian	1981	63.3	17.8	10.9	7.2	0.7
African American	1765	83.5	10.3	4.3	1.6	0.3
Other	161	71.0	18.6	6.9	2.4	1.2
Hispanic	217	64.4	11.7	11.1	4.2	8.6
EDUCATION						
Less than High School	329	76.0	10.3	5.1	4.0	4.5
High School Graduate	651	81.0	8.4	7.1	1.7	1.9
Some College	641	74.9	15.6	4.8	4.5	0.2
College Graduate	2569	69.2	15.7	9.6	4.7	0.9
INCOME						
Less than $15,000	356	74.8	8.9	8.2	3.9	4.1
$15,000-$24,999	406	77.3	8.0	5.6	5.5	3.7
$25,000-$34,999	278	84.0	10.1	4.6	1.4	0
$35,000-$49,999	409	76.6	14.3	4.6	4.3	0.3
$50,000-$74,999	476	71.7	13.6	6.8	5.6	2.4
$75,000+	1749	68.3	17.5	9.2	4.4	0.6
WARD						
Ward 1	325	59.6	18.5	11.6	8.0	2.2
Ward 2	390	68.9	14.6	8.7	4.3	3.5
Ward 3	646	66.0	16.4	10.5	6.0	1.2
Ward 4	531	76.9	12.1	7.7	3.1	0.2
Ward 5	399	78.7	11.8	5.9	3.3	0.3
Ward 6	475	72.5	16.1	7.3	4.0	0.1
Ward 7	361	86.9	7.8	4.5	0.7	0.1
Ward 8	273	84.4	9.7	4.4	1.5	0

Social and Emotional Support

Stress can impact one's health physically and mentally. Manifested in various forms, stress and anxiety (described by the National Institute of Mental Health as "a normal reaction to stress") may result in weight and hair loss, physical ailments, depression, isolation, and feelings of inadequacy and failure. Other displays of stress may include substance abuse (alcohol and illicit drugs) and physical violence.

Although there are many drug therapies available to combat stress and anxiety, managing stress can be accomplished through social support and a network of family and friends. The American Institute of Stress suggests that an individual's perception of occurring events triggers stress and not necessarily the happening of the events. [1] Changing one's focus, creating a support system (a list of "go-to" friends), and modifying one's environment helps with stressful events. Doing so, in turn, may change one's outlook on life and events that trigger anxiety. [2]

Table 9: Receiving Needed Social and Emotional Support

- Overall, 46% of District residents reported always receiving social and emotional support.

- Males and females equally reported always receiving social and emotional support at 46%. However, the age group of 65 years and older had the highest percentage (11%) of respondents never receiving social and emotional support. African Americans and respondents of "Other" races (48%), respondents with some college education (49%), and respondents with household income of $50,000 and higher (49%) had the highest percentages reported as always receiving social and emotional support.

- Residents of Ward 5 was ranked highest (at 52%) as always receiving social and emotional support whereas residents of Wards 7 & 8 were ranked highest (7% each) as never receiving social and emotional support.

Table 10: Satisfaction with Life

- In general, 49% of respondents indicated that they were satisfied with their lives. College graduates, Caucasians, males, and respondents aged 65 years and older reported being very satisfied with their lives, whereas one percent (1%) of respondents in all age groups reported being very dissatisfied with their lives.

- Ward 7 respondents had the highest report of being very dissatisfied with their lives (2%).

References:

[1,2]. Rosch, P.J. and Hendler, N.H. (1982). Stress Management. In R.B. Tyalor (Ed.) and J.R. Ureda & J.W. Denham (Ass. Eds.) Health Promotions: Principles and Clinical Applications. Appleton-Century-Crofts.

Social and Emotional Support

Table 9. Receiving Needed Social and Emotional Support, By Demographics and Ward
"How often do you get the social and emotional support you need?"

	N	Always	Usually	Sometimes	Rarely	Never
TOTAL	4044	46.2	32.6	12.5	3.3	5.4
GENDER						
Male	1491	46.2	31.6	13.2	3.4	5.7
Female	2553	46.3	33.5	11.9	3.2	5.2
AGE						
18-24	113	35.4	43.3	12.1	5.8	3.4
25-34	555	46.0	36.7	10.3	3.2	3.8
35-44	669	45.3	34.7	12.9	2.7	4.4
45-54	746	48.4	27.0	16.6	2.6	5.4
55-64	821	47.0	32.8	12.0	2.8	5.4
65+	1064	51.1	21.9	12.3	3.8	10.8
RACE						
Caucasian	1936	43.4	46.5	7.6	1.4	1.2
African American	1666	47.9	22.3	17.2	5.2	7.3
Other	157	48.4	36.2	8.3	2.0	5.1
Hispanic	212	47.7	27.7	12.0	2.8	9.8
EDUCATION						
Less than High School	293	41.8	11.5	21.2	6.3	19.3
High School Graduate	618	43.7	21.2	21.4	5.1	8.6
Some College	618	48.6	28.9	12.8	4.7	5.0
College Graduate	2505	47.1	41.0	8.0	1.8	2.1
INCOME						
Less than $15,000	336	36.4	19.5	19.7	12.2	12.3
$15,000-$24,999	389	40.1	20.9	24.3	5.3	9.4
$25,000-$34,999	259	46.1	23.3	13.2	7.7	9.6
$35,000-$49,999	399	48.1	28.4	14.4	3.4	5.6
$50,000-$74,999	464	49.4	36.9	10.3	0.8	2.5
$75,000+	1715	49.1	42.1	6.5	1.1	1.1
WARD						
Ward 1	318	45.6	40.6	7.0	0.4	6.4
Ward 2	379	47.8	35.9	10.1	2.6	3.6
Ward 3	633	42.9	42.2	12.5	.9	1.4
Ward 4	509	44.3	36.3	9.0	5.2	5.2
Ward 5	378	51.7	27.1	14.5	1.9	4.8
Ward 6	461	43.4	35.4	15.1	4.4	1.7
Ward 7	341	49.2	19.1	21.4	3.4	6.9
Ward 8	256	46.5	18.8	17.1	10.2	7.4

Social and Emotional Support

Table 10. Satisfaction with Life, By Demographics and Ward

" In general, how satisfied are you with your life?"

	N	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
TOTAL	4085	46.6	48.5	4.0	1.0
GENDER					
Male	1506	48.2	46.6	3.8	1.4
Female	2579	45.3	50.0	4.1	.6
AGE					
18-24	113	40.3	55.9	3.1	.7
25-34	555	47.2	48.8	2.9	1.0
35-44	670	46.4	46.9	5.7	1.0
45-54	744	44.1	50.2	4.5	1.2
55-64	826	47.8	46.4	4.7	1.1
65+	1098	50.8	45.4	3.0	0.8
RACE					
Caucasian	1950	54.1	43.1	2.4	.4
African American	1690	41.0	52.0	5.6	1.4
Other	121	40.9	55.5	2.5	1.1
Hispanic	212	45.6	50.8	3.6	.0
EDUCATION					
Less than High School	300	33.5	58.3	6.1	2.1
High School Graduate	629	41.7	50.7	6.4	1.3
Some College	622	36.9	54.4	6.4	2.3
College Graduate	2523	53.2	44.3	2.1	.3
INCOME					
Less than $15,000	342	33.6	53.8	10.7	2.0
$15,000-$24,999	392	33.5	57.0	8.8	.7
$25,000-$34,999	261	31.9	58.8	6.9	2.3
$35,000-$49,999	401	42.4	52.1	4.2	1.4
$50,000-$74,999	467	42.6	55.7	1.3	.3
$75,000+	1717	58.1	40.2	1.3	.4
WARD					
Ward 1	320	46.2	50.5	2.7	.6
Ward 2	380	50.7	47.0	2.0	.3
Ward 3	636	49.9	47.3	2.4	.5
Ward 4	516	46.8	49.6	2.3	1.4
Ward 5	379	43.2	50.9	4.9	1.0
Ward 6	465	46.7	48.6	3.6	1.1
Ward 7	350	43.2	49.4	5.4	2.0
Ward 8	260	47.6	43.8	8.1	.5

Disability

The U.S. Census Bureau reported that one in five U.S. residents (19%) reported some form of disability in 2005.[1] (In 2002, 18% reported some form of disability.) Testimony has gone before Congress as recent as January 2009 advising that persons who are disabled face serious public health challenges that must be addressed. Such challenges include lower levels of education, lower rates of employment, and higher rates of poverty. Discriminatory and stigmatizing societal attitudes, physical access, communication and financial access barriers are all determinants of health relative to disabled persons. [2]

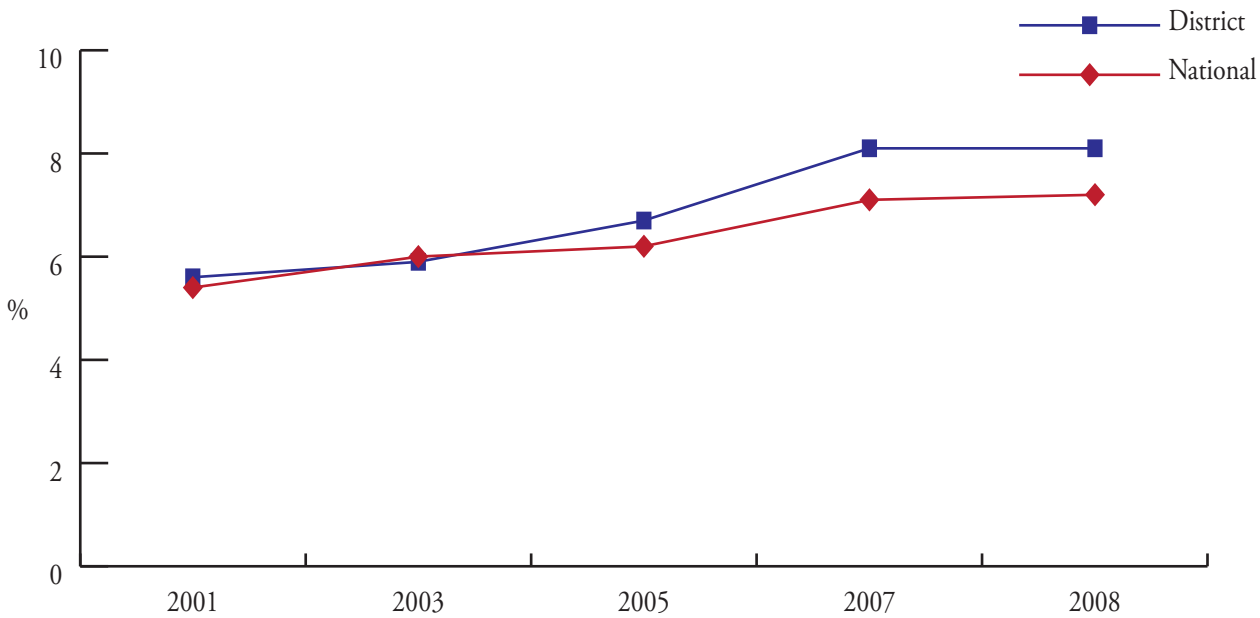
A few facts:

- Disability rates rise with age (53% of all persons 75 years of age and older are disabled);
- American Indian or Alaskan Native populations have the highest disability rates among adults in different racial and ethnic groups (30%), followed by African Americans (21%), Caucasians (20%), and Hispanics (17%);
- Thirty percent (30%) of adults with disabilities have less than a high school education; 37% of working-adults with disabilities are employed compared with 80% of non-disabled working-age adults;
- Twenty-five percent (25%) of working-age adults with disabilities live in poverty compared with 9% of other working-age adults. [1]

District of Columbia & National Trends

Seventeen percent (17%) of District of Columbia adult respondents indicated that they were limited in some form of activity because of physical, mental, or emotional problems, while 8% indicated that they had health problems that required them to use special equipment. The national trend for the same was 20% and 7 % respectively for each question. Figures 6 and 7

Figure 6. Percentage of Adults Needing Special Equipment



Disability

Figure 7. Percemtage of Adults with Activity Limitation

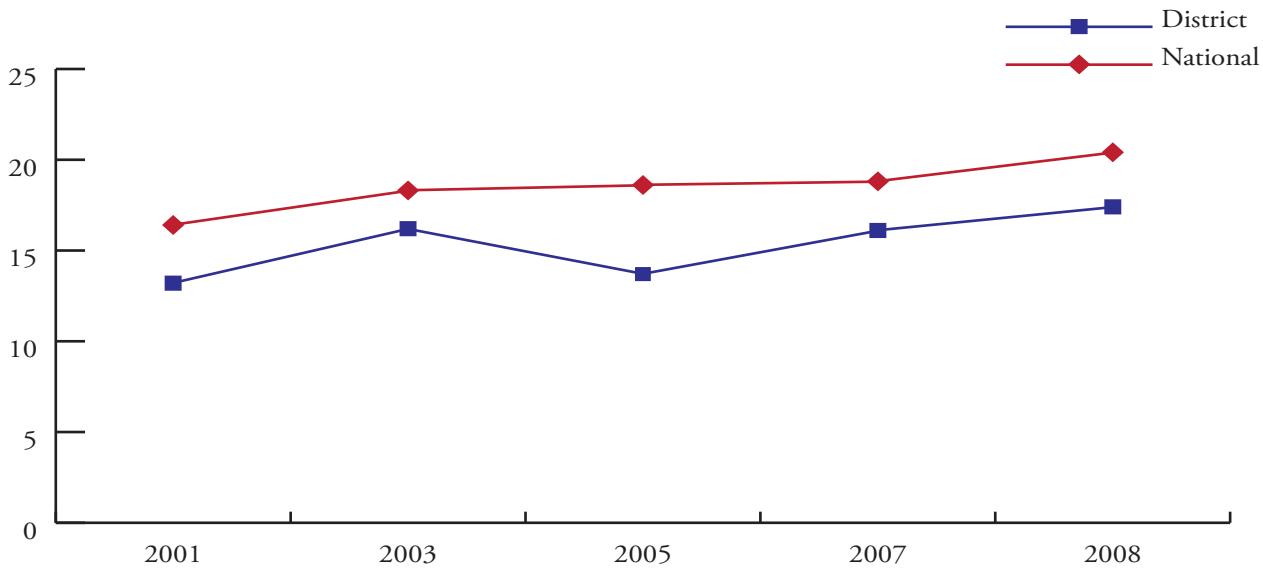


Table 11: Prevalence of Health Limitations and Use of Assistive Devices

- Overall, 17% of District respondents indicated they were limited in activities because of physical, mental, or emotional problems. Eight percent (8%) indicated that their health problems required use of special equipment (cane, wheelchair, special bed, or special telephone, etc.).

- Females (20%) were more likely than males (15%) to be limited in their activities because of physical, mental, or emotional health. Additionally, females (10%) were more likely than men (6%) to require special equipment resulting from their health problems.

- Adults aged 55-64 years old (29%), African Americans (21%), high school graduates (21%), and adults with annual household incomes less than $15,000 (30%) were more likely to be limited in their activities because of physical, mental, or emotional problems.

- Adults aged 65 years and older (24%), African Americans (13%), adults with less than a high school education (18%), and respondents making less than $15,000 (21%) were more likely to report needing special equipment brought about by their health problems.

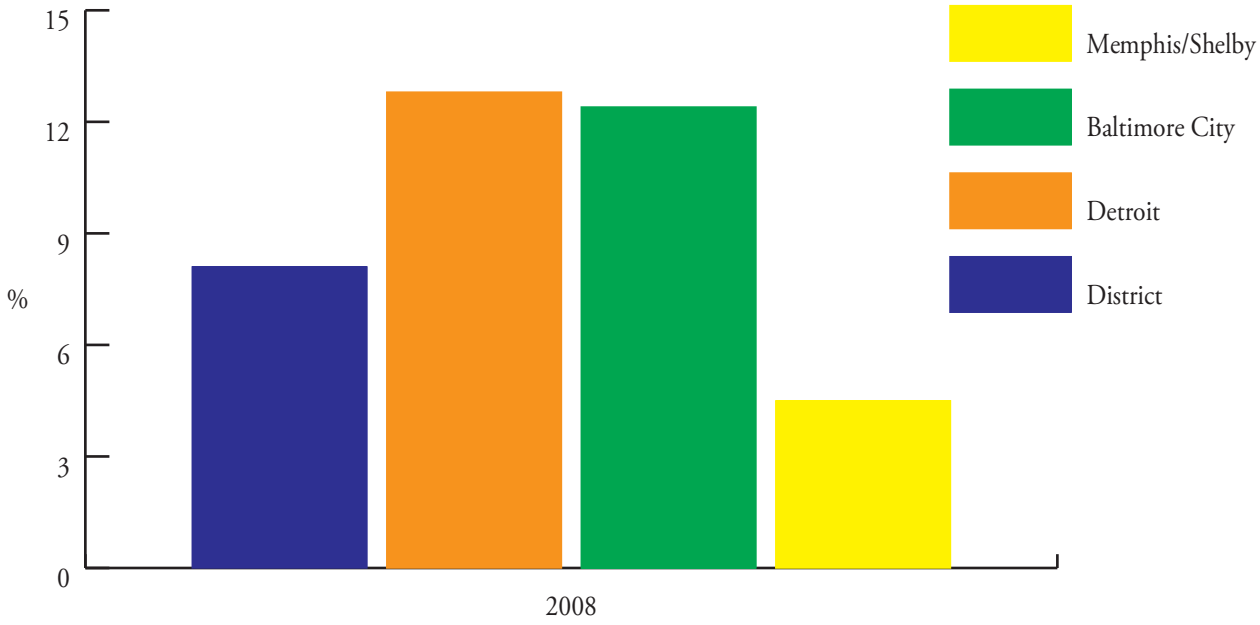
- Residents of Ward 7 (22%) were more likely than residents of any other ward to have their activities limited because of physical, mental, or emotional problems where as residents of Ward 8 (17%) were more likely to require special equipment because of their health problems.

Trend Comparisons of other cities with like demographics:

The prevalence rate for Memphis (16.5%) ranked lowest for adults who are limited in any activities because of physical, mental, or emotional problems when compared to DC (17.4%), Baltimore (25.3%) and Detroit (27.7%). Conversely, Detroit (12.8%) and Baltimore (12.4%) residents ranked highest as having adults with health problems that require the use of special equipment in comparison with District residents (8.1%) and Memphis (4.5%). Figure 8

Disability

Figure 8. Adult Respondents who Require the Use of Special Equipment by City



Reference:

1. U.S. Census Bureau. Public Information Office. (December 18, 2008). Number of Americans With a Disability Reaches 54.4 Million. U.S. Census Bureau Press Release. Retrieved November 16, 2009, from http://www.census.gov/Press-Release/www/releases/archives/income_wealth/013041.html.

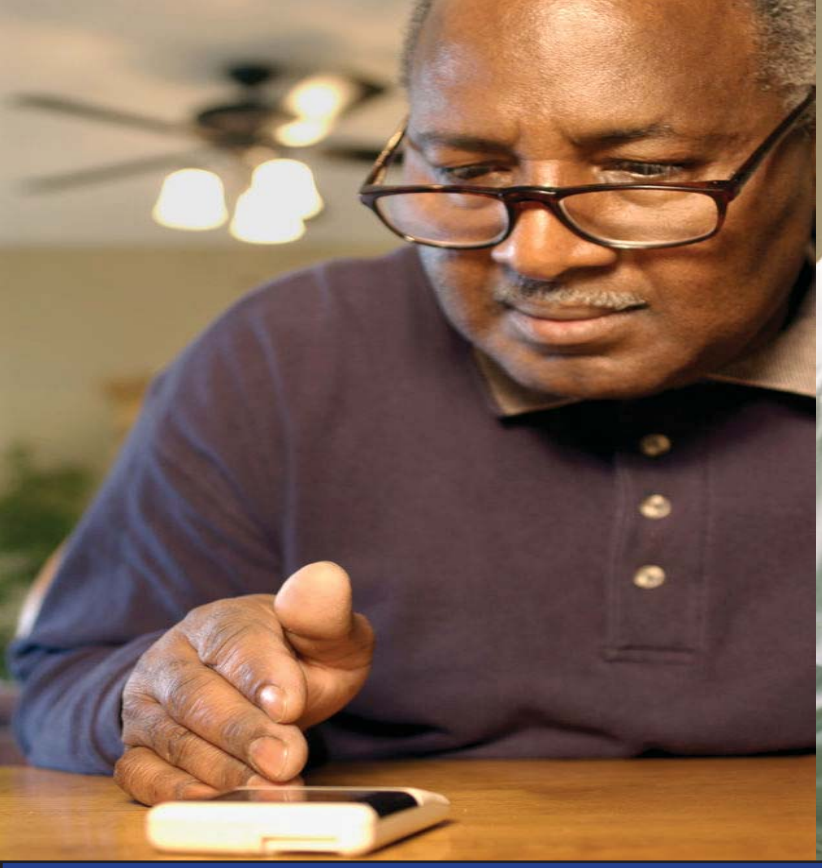
2. Iezzoni, L.I. (2009). Testimony before the U.S. Senate Health, Education, Labor and Pensions Committee. Washington, D.C.

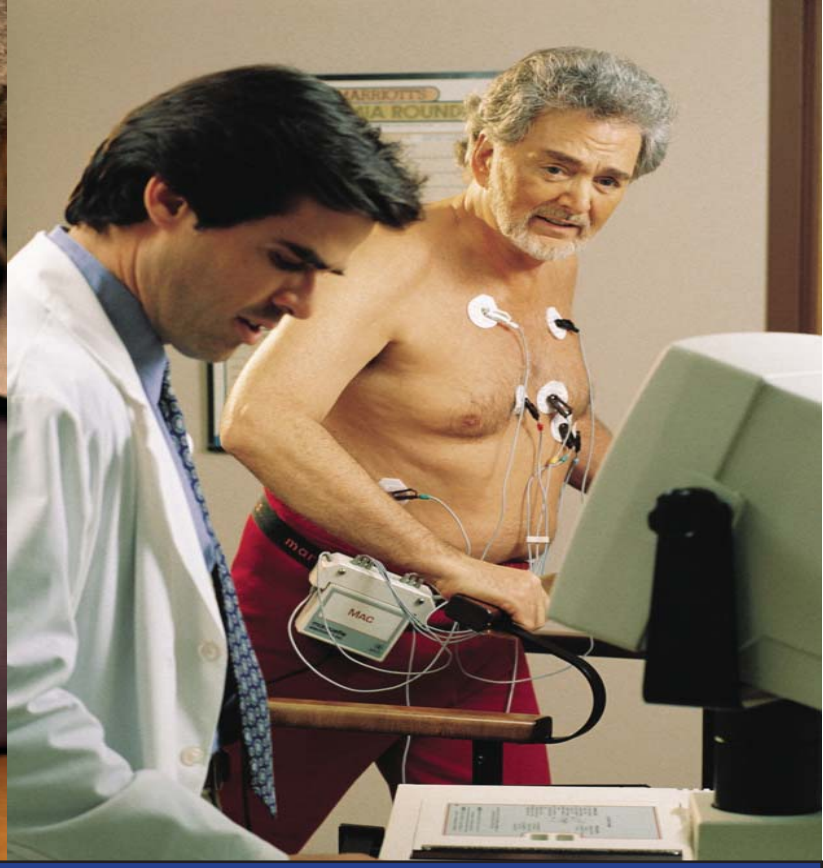
Disability

Table 11. Prevalence of Health Limitations and Use of Assistive Devices, By Demographics and Ward

"Are you limited in any way in any activities because of physical, mental, or emotional problems?" and "Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed, or special telephone?"

	N	Limited by Health	N	Use Special Equipment
		Yes		Yes
TOTAL	4213	17.4	4238	8.1
GENDER				
Male	1566	14.5	1573	6.4
Female	2647	19.8	2665	9.6
AGE				
18-24	118	6.4	118	2.4
25-34	569	11.5	570	2.1
35-44	692	11.4	694	3.5
45-54	849	20.6	856	8.3
55-64	847	28.8	849	12.5
65+	1138	27.9	1151	23.6
RACE				
Caucasian	1982	14.8	1996	4.3
African American	1768	20.5	1777	12.6
Other	125	16.0	126	6.3
Hispanic	222	12.7	222	2.9
EDUCATION				
Less than High School	333	17.9	334	18.0
High School Graduate	658	20.7	663	12.2
Some College	639	20.4	645	11.0
College Graduate	2570	15.3	2585	4.1
INCOME				
Less than $15,000	357	29.5	360	21.3
$15,000-$24,999	409	22.9	410	12.7
$25,000-$34,999	275	18.4	278	10.3
$35,000-$49,999	406	11.3	412	4.5
$50,000-$74,999	481	16.6	483	5.8
$75,000+	1747	14.1	1752	3.1
WARD				
Ward 1	326	14.2	326	4.4
Ward 2	391	15.8	393	6.3
Ward 3	645	16.5	651	6.2
Ward 4	529	19.6	532	8.9
Ward 5	401	19.2	400	7.9
Ward 6	471	19.2	477	9.5
Ward 7	363	22.2	365	13.4
Ward 8	273	16.9	275	16.9





Chronic Disease

Diabetes Mellitus

HEALTHY PEOPLE 2010 OBJECTIVES

- *Increase the proportion of persons with diabetes who receive formal diabetes education to 60%.*
  DISTRICT GOAL MET: CURRENT PERCENTAGE IS 62%
- *Increase the proportion of persons with diabetes who have an annual dilated eye examination to 75%.*
  DISTRICT GOAL MET: CURRENT PERCENTAGE IS 83%
- *Increase the proportion of adults with diabetes who have at least an annual foot examination to 75%*
  DISTRICT GOAL MET: CURRENT PERCENTAGE IS 79%
- *Increase the proportion of adults with diabetes who perform self blood glucose monitoring at least once daily to 60%*
  DISTRICT GOAL MET: CURRENT PERCENTAGE IS 70%

Diabetes Mellitus

Diabetes is a chronic condition where the pancreas does not produce sufficient amounts of insulin, or the body cannot effectively metabolize insulin (a hormone secreted by the pancreas). This results in elevated blood sugar levels (hyperglycemia). Over time, diabetes can affect many organs in the body including the kidneys, eyes, heart, nerves, and blood vessels.

It is estimated that over 180 million persons worldwide are affected with diabetes, and that in 2005, over 1 million people died from diabetes. [1] In 2006, diabetes was ranked as the 6th leading cause of death in the United States and more than 72,000 deaths occurred as a result of diabetes. [2]

District of Columbia & National Trends

Ranked 6th and representing 3% of the ten leading causes of death in the District in 2007, diabetes claimed the lives of 154 residents. African Americans were 7 times more likely to die from diabetes than Caucasians. Ward 4 represented the highest number of deaths resulting from diabetes (33 persons).[3]

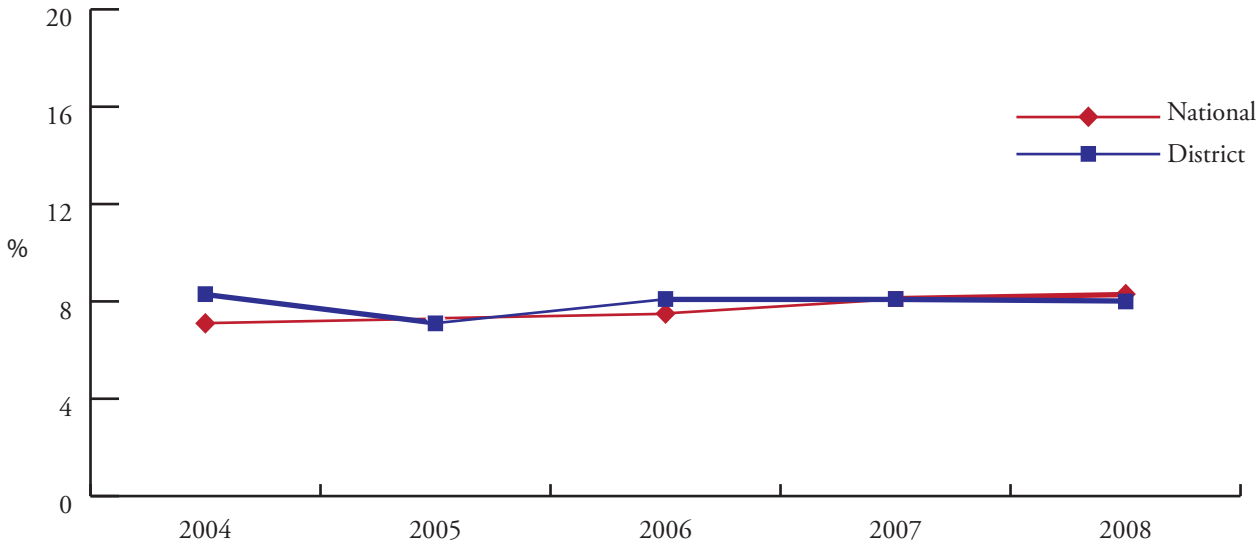
According to results obtained from the BRFSS, the overall prevalence rates for respondents in the District of Columbia diagnosed with diabetes and respondents diagnosed with pregnancy-related diabetes has remained constant since 2004. It should be noted that there was a 1% decrease in 2005. Eight percent (8%) of District of Columbia respondents to the survey who were asked if they had ever been told they had diabetes by a doctor responded "yes". Less than 1% of females were told by a doctor that they had pregnancy-related diabetes. Less than 1% of District of Columbia respondents were told they had pre-diabetes or were borderline diabetic, and 91% of respondents had never been told by a doctor that they had diabetes.

District of Columbia residents were diagnosed more frequently at ages 45-59 (37%) followed by 60 years and older at 29%. Males were more likely than females to be diagnosed at 30 years old or younger (17% versus 15%), and Caucasians were diagnosed at earlier ages (under age 30) than African Americans (24% as opposed to 15%). Respondents with an annual household income of $75,000 or greater (41%) were more likely than any other age group to be diagnosed between ages 45 and 59.

National averages, in comparison with the District of Columbia, demonstrated minimal deviations. One percent (1%) of respondents were told they had pre-diabetes or were borderline diabetic, and 90 % of respondents had never been told by a doctor that they had diabetes. Figure 9 reflects annual

trends based on responses from the survey.

Figure 9. Percentage of Adults who have been Told they Have Diabetes



Only eight percent (8%) of survey respondents indicated they had been informed by a doctor that they had diabetes. Females (9%) were more likely than males (7%) to be diagnosed with diabetes. District of Columbia adults who were age 65 years and older (22%) were more likely to have been told by a doctor they had diabetes than any other age population, and African American respondents were twice as likely (14%) than any other race ("Other" – 7%; Hispanic – 5%; and Caucasian – 2%) to be diagnosed with diabetes.

Table 12: Prevalence of Diabetes

- Overall 8.0% of adults reported having diabetes.
- Females (9.0%) were more likely than males (6.8%) to be diagnosed with having diabetes.
- African Americans (13.7%) were more likely than any other race to be diagnosed with diabetes.
- District adults who earn less than $15,000 per year were more likely (17.2%) those who earn more to be diagnosed with diabetes. Where as adults who earn more than $75,000 per year were less likely to be diagnosed with diabetes.
- Residents of Ward 8 (17.8%) were more likely than any other ward to be diagnosed with diabetes; whereas residents of Ward 3 (2.2%)were less likely to be diagnosed with diabetes

Table 13: Age When Diagnosed with Diabetes

- Overall adults 45-59 (33.6%) were more likely than any other age category to be diagnosed with diabetes.
- Males (17.3%) were more likely than females (15.3%) to be diagnosed with diabetes under the age of 30. Whereas males (33%) and females (34%) aged 45-59 years old were more likely to be diagnosed.

- Respondents between the ages of 45-59 years older had the highest incidence of being diagnosed with diabetes at 34%.

- Caucasians (36%) were more likely to be diagnosed at age 60 years old compared to African Americans (35%) who were more likely to be diagnosed at aged 45-59 years old.

Table 14: Insulin Use

- Overall, 38% of all respondents indicated they were currently using insulin. Males (40%) were more likely than females (36%) to use insulin, and adults aged 45-54 years old (43%) were more likely than members of other age groups to use insulin. African Americans (38%) were more likely than Caucasians (36%) to use insulin, and adults with less than a high school education (47%) were more likely to use insulin than respondents with any other level of education.

Table 15: Number of A1C Tests Performed

- Respondents were asked, "How many times in the past 12 months has a doctor, nurse or other health professional checked you for 'A One c?". (Hemoglobin A1c is a standard blood test performed by health professionals to determine blood sugar control in patients known to have diabetes.) Overall, 52% of District respondents reported having an A1c blood test in the past 12 months and twenty-eight percent (28%) of respondents reported having an A1c blood test more than four times in the past 12 months. Twelve percent (12%) reported not having had their blood tested for A1c and 8% had never heard of the A1c blood test. The latter is significant in that this test is only performed in established diabetics and is important to know when determining how well diabetes is managed.

- Male respondents were more likely than female respondents (57% versus 49%) to have had an A1c test performed 1-3 times in the past 12 months of the survey being conducted.

- Fifty-seven percent (57%) of adult respondents between the ages of 45-54 years old ranked highest as having had an A1c test performed in the past 12 months of the survey being conducted, whereas adult respondents aged 65 years and older (38%) ranked highest at having an A1c test performed more than four times in the past 12 months of the survey being conducted.

- Caucasian respondents had the highest report (62%) of having an A1c test performed 1-3 times in the past 12 months compared with African Americans at 51%. (It is noteworthy to indicate that the data for Hispanic and respondents who indicated their race as "other" was small (less than 50) and was not calculated.) Conversely, African Americans reported highest (12%) at not having an A1c test performed in the past 12 months during the survey, almost twice as high as Caucasian respondents (7%). Further African Americans ranked highest at 7% of never hearing of an A1c test; only 2% of Caucasians reported never hearing of an A1c test.

- Respondents who were college graduates ranked highest at 59% for having had an A1c test performed 1-3 times in the past 12 months, followed by high school graduates at 55%. Respondents with some college (51%) ranked third and respondents with less than a high school education ranked lowest.

- Finally, respondents whose annual household income is more than $75,000 ranked highest at 62% of having had an A1c test performed 1-3 times in the last 12 months, followed by respondents with an annual household income of $15,000 - $24,999 at 50%. Ranked lowest at 48% were respondents with an annual household income of less than $15,000.

Table 16. Check for Blood Glucose

- Forty-two percent (42%) of respondents indicated they checked their blood for glucose more than once per day, with males and females almost equivalent at 43% and 42% respectively. Thirty-eight percent (38%) of all adults 45 years of age and older checked their blood for glucose more than once per day. Caucasians (50%) were more likely than African Americans (41%) to check their blood sugar more than once per day, while college graduates (19%) were least likely to check their blood for glucose.

Table 17. Ever Told Diabetes has Affected Your Eyes

- Overall, 24% of all adults surveyed indicated they had been told that diabetes affected their eyes or that they were diagnosed with retinopathy. Males (29%) were more likely than females (21%) and African Americans (27%) were more likely than Caucasians (17%) to be told that their diabetes affected their eyes.

Table 18: Last Eye Exam where Pupils Were Dilated

- Fifty-six percent (56%) of all respondents with diabetes indicated that within the past year, they have had their pupils dilated during their last eye exam. Females (57%) were slightly more likely than males (55%); African Americans (57%) were more likely than Caucasians (45%); adults with some college education (57%), and adults with household income of $75,000 or greater (59%) ranked highest as having had their pupils dilated during an eye exam within the past year.

Table 19: Times Seen by Health Professional for Diabetes

- On average, 52% of all adults surveyed indicated they had been seen by a health professional for their diabetes at least two-to-four times in the past year. Males (55%) were more likely than females (50%), and adults aged 65 years and older (61%) were more likely than respondents in any other age group to be seen by a health professional for their diabetes. Caucasians (54%) were more likely than African Americans (53%) to be seen at least 2-4 times by a health professional in the last 12 months, as well as 71% of respondents whose annual household income was $25,000 to $34,999 and college graduates (63%).

Table 20: How Often Feet Are Checked For Sores or Irritations

- Overall, 45% of respondents surveyed indicated they have had their feet checked for sores or irritations in the past 12 months by a health professional at least 2-4 times. Females (46%) were more likely than males (43%), and respondents aged 65 years and older (49%) were more likely than respondents in any other age group. Caucasians (51%) were more likely than African Americans (45%) to have had their feet checked for sores or irritations by a health professional in the last year.

Table 21: Ever Taken Class in Managing Diabetes

- When respondents were asked how the District of Columbia or their doctor could provide assistance to help persons manage their diabetes, providing diabetes education ranked highest (25%) among all other choices. All races surveyed (Caucasians, African Americans, Hispanics, and those who specified their race as "other") equally agreed (25%) that providing diabe-

tes education was the best assistance that could be provided by the District of Columbia or their physician for managing diabetes.

- By age, respondents aged 65 years and older and those with some college education indicated that some other form of assistance could be provided whereas providing diabetes education ranked highest among all other age groups (between 18 and 28 percent).

Table 22: Manage Your Diabetes

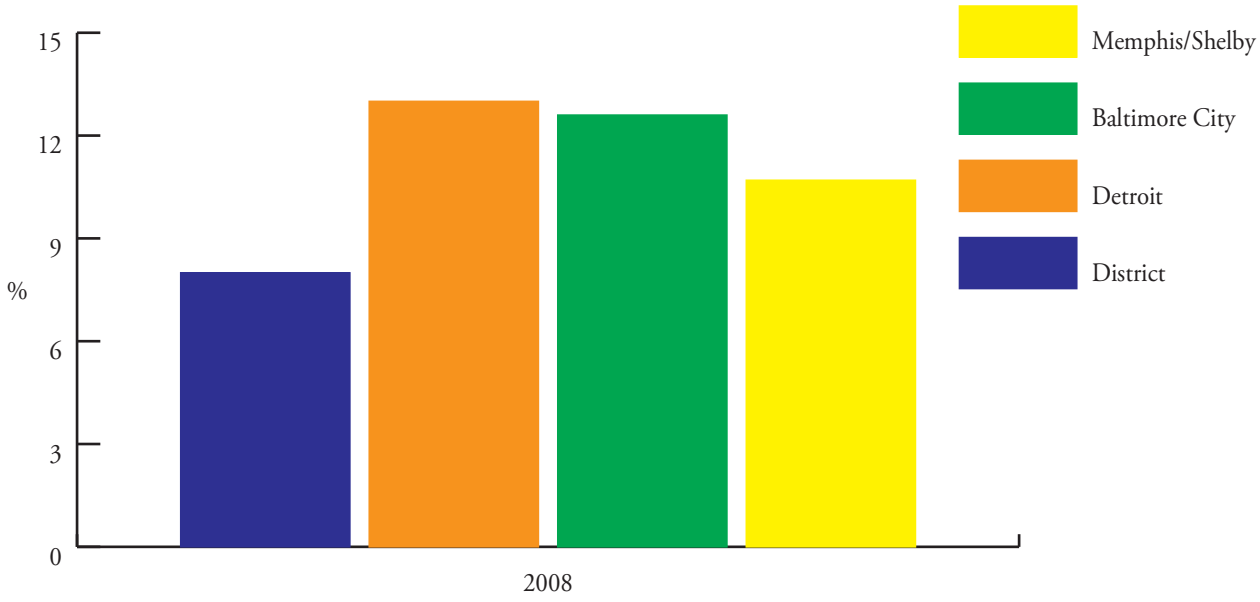
- Overall 25.3% of District adults stated that having their doctor provide them with diabetes education would help them manage the disease.

- Residents of Ward 8 (31.3%) stated that providing diabetes education would help them to manage their diabetes than any other ward with Ward 3 and 4 being less likely to choose diabetes education as a way to help them to manage the disease. Residents of Wards 3 and 4 were more likely to choose nutritional and/or education and other as a way to help them manage the disease.

City Trends

Trend Comparisons of other cities with like demographics: Diabetes mellitus affects many Americans and is treatable. The District of Columbia's 2008 prevalence rate for adults who had ever been told by a doctor they have diabetes ranks lowest at 8%. Following were Memphis (10.7%), Baltimore (12.6%), and Detroit (13%). (Figure 10)

Figure 10. Adult Respondents who were told by a Doctor They Have Diabetes by City



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1. World Health Organization. (2008). Diabetes Fact Sheet No. 312. Retrieved on October 9, 2009 from http://www.who.int/mediacentre/factsheets/fs312/en/index.html.

2. Centers for Disease Control and Prevention, National Center for Health Statistics. (2009). FastStats – Diabetes. Retrieved on October 9, 2009 from http://www.cdc.gov/nchs/fastats/diabetes.htm.

3. District of Columbia Department of Health, Center for Policy, Planning, and Epidemiology, State Center for Health Statistics. (2009). 2007 Mortality Report.

Diabetes Mellitus

Table 12. Prevalence of Diabetes, By Demographics and Ward
"Have you ever been told by a doctor that you have diabetes?"

	N	Yes	Only while Pregnant	No	Pre-diabetes
TOTAL	4240	8.0	.9	90.7	.4
GENDER					
Male	1574	6.8	0	92.9	.4
Female	2666	9.0	1.7	88.8	.5
AGE					
18-24	118	.0	.3	99.7	.0
25-34	570	1.5	1.3	97.0	.2
35-44	695	3.8	1.5	94.6	.1
45-54	855	10.4	.6	88.8	.2
55-64	851	13.6	.7	84.5	1.2
65+	1151	21.6	.4	76.9	1.2
RACE					
Caucasian	1998	2.1	.9	96.8	.2
African American	1776	13.7	.6	85.0	.7
Other	164	6.5	.5	92.0	1.0
Hispanic	222	5.1	2.2	92.8	.0
EDUCATION					
Less than High School	333	16.1	1.4	81.8	.6
High School Graduate	663	12.8	.8	85.5	.9
Some College	645	10.0	.9	88.6	.5
College Graduate	2585	4.3	.9	94.6	.2
INCOME					
Less than $15,000	359	17.2	1.3	81.1	.5
$15,000-$24,999	411	13.3	1.0	84.7	1.0
$25,000-$34,999	278	8.9	1.2	89.2	.7
$35,000-$49,999	412	9.6	1.0	88.8	.5
$50,000-$74,999	483	6.2	.9	92.5	.4
$75,000+	1754	3.0	.7	96.2	.2
WARD					
Ward 1	328	5.8	.3	93.5	.4
Ward 2	393	3.3	1.2	95.5	.0
Ward 3	651	2.2	.8	96.7	.3
Ward 4	533	8.7	.5	90.8	.0
Ward 5	400	10.6	.4	88.4	.6
Ward 6	476	6.7	.3	92.6	.4
Ward 7	365	14.9	1.2	83.3	.6
Ward 8	275	17.8	1.0	79.2	2.0

Diabetes Mellitus

Table 13. Age When Diagnosed with Diabetes, By Demographics and Ward
"How old were you when you were told yo have diabetes?"

	N	Under 30	30-40	45-59	60+
TOTAL	396	16.1	21.4	33.6	28.9
GENDER					
Male	143	17.3	18.0	33.2	31.5
Female	253	15.3	23.7	33.9	27.1
AGE					
25-34	7	*	*	*	*
35-44	21	*	*	*	*
45-54	79	20.4	29.0	47.0	3.5
55-64	106	7.9	26.4	54.0	11.6
65+	396	2.0	7.8	26.1	64.0
RACE					
Caucasian	73	23.6	13.9	26.4	36.1
African American	284	15.1	22.7	34.9	27.3
Other	13	*	*	*	*
Hispanic	19	*	*	*	*
EDUCATION					
Less than High School	73	14.8	22.5	29.7	33.0
High School Graduate	102	10.6	24.0	42.5	22.9
Some College	78	25.0	27.5	26.2	21.3
College Graduate	141	16.2	14.6	33.5	35.8
INCOME					
Less than $15,000	80	24.6	23.0	30.0	22.4
$15,000-$24,999	70	10.9	27.0	32.9	29.2
$25,000-$34,999	33	*	*	*	*
$35,000-$49,999	44	*	*	*	*
$50,000-$74,999	35	*	*	*	*
$75,000+	68	20.2	17.0	40.9	21.9

*Data not presented if the unweighted cell size was <50.
Small number prohibit the display of the data by Ward.

Diabetes Mellitus

Table 14. Insulin Use, By Demographics
"Are you now taking insulin?"

	N	Yes	No
TOTAL	430	37.8	62.2
GENDER			
Male	150	40.4	59.6
Female	280	36.1	63.9
AGE			
25-34	7	*	*
35-44	22	*	*
45-54	83	43.4	56.6
55-64	108	34.5	65.5
65+	210	29.1	70.9
RACE			
Caucasian	77	35.6	64.4
African American	308	38.4	61.6
Other	14	*	*
Hispanic	23	*	*
EDUCATION			
Less than High School	80	46.7	53.3
High School Graduate	115	32.5	67.5
Some College	85	40.3	59.7
College Graduate	148	36.0	64.0
INCOME			
Less than $15,000	83	46.5	53.5
$15,000-$24,999	74	37.9	62.1
$25,000-$34,999	36	*	*
$35,000-$49,999	45	*	*
$50,000-$74,999	38	*	*
$75,000+	69	39.6	60.4

*Data not presented if the unweighted cell size was <50.
Small numbers prohibit the display of the data by Ward.

Diabetes Mellitus

Table 15. Number of A One C Test, By Demographics

"' A test for "A One C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse or other health professional checked you for 'A One C'?"

	N	1- 3 Times	4+ Times	None	Never Hear of A1C
TOTAL	374	51.9	28.1	11.8	8.1
GENDER					
Male	136	57.0	31.3	9.0	2.7
Female	238	48.5	25.9	13.7	11.8
AGE					
25-34	7	*	*	*	*
35-44	21	*	*	*	*
45-54	78	56.6	23.4	8.2	11.8
55-64	95	54.8	26.2	11.9	7.2
65+	173	46.7	37.6	7.8	7.8
RACE					
Caucasian	74	61.6	30.0	6.7	1.6
African American	264	50.8	29.9	12.0	7.3
Other	11	*	*	*	*
Hispanic	17	*	*	*	*
EDUCATION					
Less than High School	54	35.5	26.1	22.1	16.4
High School Graduate	98	55.3	27.4	9.9	7.4
Some College	80	50.7	30.1	10.6	8.6
College Graduate	141	58.6	28.7	9.4	3.3
INCOME					
Less than $15,000	68	47.6	21.7	22.8	7.9
$15,000-$24,999	65	50.2	28.0	6.4	15.4
$25,000-$34,999	29	*	*	*	*
$35,000-$49,999	40	*	*	*	*
$50,000-$74,999	36	*	*	*	*
$75,000+	67	61.8	38.2	.0	.0

*Data not presented if the unweighted cell size was <50.
Excludes months blood glucose was checked due to small numbers
Small numbers prohibit the display of the data by Ward.

Diabetes Mellitus

Table 16. Check Blood for Glucose, By Demographics

"About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend but do NOT include times when checked by a health professional?"

	N	Never	Once per day	More than once per day	Once per week	More than once per week
TOTAL	399	12.4	28.5	41.9	4.9	12.3
GENDER						
Male	130	11.5	29.8	42.8	5.3	10.5
Female	269	13.0	27.7	41.3	4.7	13.4
AGE						
25-34	6	*	*	*	*	*
35-44	21	*	*	*	*	*
45-54	73	9.7	35.5	37.6	5.8	11.4
55-64	104	13.8	24.6	38.3	3.0	20.3
65+	195	13.3	33.9	37.0	3.5	12.3
RACE						
Caucasian	68	21.1	21.6	50.2	4.1	3.0
African American	290	10.7	30.7	40.8	4.3	13.5
Other	12	*	*	*	*	*
Hispanic	22	*	*	*	*	*
EDUCATION						
Less than High School	75	10.6	27.9	44.4	3.9	13.2
High School Graduate	110	8.9	32.2	40.5	4.0	14.2
Some College	83	10.6	31.0	44.7	2.4	11.3
College Graduate	129	19.3	22.8	40.0	7.4	10.6
INCOME						
Less than $15,000	79	10.0	22.7	42.7	8.2	16.3
$15,000-$24,999	69	8.5	26.7	48.6	1.1	15.2
$25,000-$34,999	35	*	*	*	*	*
$35,000-$49,999	41	*	*	*	*	*
$50,000-$74,999	38	*	*	*	*	*
$75,000+	61	12.9	26.2	36.7	11.6	12.6

*Data not presented if the unweighted cell size was <50.
Excludes months blood glucose was checked due to small numbers
Small numbers prohibit the display of the data by Ward.

Diabetes Mellitus

Table 17. Ever Told Diabetes Has Affected Your Eyes, By Demographics
"Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?"

	N	Yes	No
TOTAL	424	24.0	76.0
GENDER			
Male	148	28.7	71.3
Female	276	20.9	79.1
AGE			
25-34	7	*	*
35-44	22	*	*
45-54	83	19.6	80.4
55-64	105	24.8	75.2
65+	207	24.2	75.8
RACE			
Caucasian	76	16.9	83.1
African American	303	26.8	73.2
Other	14	*	*
Hispanic	23	*	*
EDUCATION			
Less than High School	78	23.3	76.7
High School Graduate	114	27.2	72.8
Some College	85	34.1	65.9
College Graduate	145	14.4	85.6
INCOME			
Less than $15,000	83	31.6	68.4
$15,000-$24,999	73	26.3	73.7
$25,000-$34,999	35	*	*
$35,000-$49,999	44	*	*
$50,000-$74,999	38	*	*
$75,000+	67	17.4	82.6

*Data not presented if the unweighted cell size was <50.
Small numbers prohibit the display of the data by Ward.

Diabetes Mellitus

Table 18. Ever Taken class in Managing Diabetes Pills, By Demographics
"Have you ever taken a course or class in how to manage your diabetes yourself?"

	N	Yes	No
TOTAL	429	61.5	38.5
GENDER			
Male	150	63.1	36.9
Female	279	60.4	39.6
AGE			
25-34	7	72.4	27.6
35-44	22	70.2	29.8
45-54	82	57.4	42.6
55-64	108	65.4	34.6
65+	210	58.2	41.8
RACE			
Caucasian	77	49.9	50.1
African American	307	66.2	33.8
Other	14	*	*
Hispanic	23	*	*
EDUCATION			
Less than High School	79	39.9	60.1
High School Graduate	115	74.9	25.1
Some College	85	77.0	23.0
College Graduate	148	52.5	47.5
INCOME			
Less than $15,000	82	50.7	49.3
$15,000-$24,999	74	68.6	31.4
$25,000-$34,999	36	*	*
$35,000-$49,999	45	*	*
$50,000-$74,999	38	*	*
$75,000+	69	54.6	45.4

*Data not presented if the unweighted cell size was <50.
Small numbers prohibit the display of the data by Ward.

Diabetes Mellitus

Table 19. Times Seen Health Professional for Diabetes, By Demographics
"About how many times in the past 12 months have you seen a doctor, nurse or other health professional for your diabetes?"

	N	None	Once	Two to Four	Five or more
TOTAL	404	9.0	10.2	52.0	28.7
GENDER					
Male	144	6.2	9.4	54.5	29.9
Female	260	10.9	10.8	50.4	28.0
AGE					
25-34	7	*	*	*	*
35-44	21	*	*	*	*
45-54	81	4.7	15.6	46.7	32.9
55-64	103	7.6	12.4	44.8	35.2
65+	192	9.4	4.8	61.1	24.7
RACE					
Caucasian	73	12.5	11.0	54.0	22.5
African American	291	9.1	9.9	52.9	28.2
Other	12	*	*	*	*
Hispanic	22	*	*	*	*
EDUCATION					
Less than High School	72	11.9	11.3	46.9	29.9
High School Graduate	106	3.3	13.5	51.1	32.1
Some College	82	9.3	8.5	42.8	39.4
College Graduate	143	12.6	7.7	63.3	16.3
INCOME					
Less than $15,000	77	12.2	18.1	40.9	28.8
$15,000-$24,999	72	5.9	8.8	44.9	40.4
$25,000-$34,999	34	*	*	*	*
$35,000-$49,999	45	*	*	*	*
$50,000-$74,999	35	*	*	*	*
$75,000+	68	10.6	7.8	60.5	21.2

*Data not presented if the unweighted cell size was <50.
Small numbers prohibit the display of the data by Ward.

Diabetes Mellitus

Table 20. How Often Feet Are Checked For Sores or Irritations, By Demographics and Ward
"About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?"

	N	Once	Two to Four Time	Five or More	None
TOTAL	416	19.2	44.6	15.5	20.7
GENDER					
Male	147	19.1	43.3	18.2	19.5
Female	269	19.4	45.5	13.7	21.4
AGE					
25-34	7	*	*	*	*
35-44	22	*	*	*	*
45-54	81	24.0	44.3	16.5	15.2
55-64	108	19.0	43.2	9.9	27.9
65+	198	17.7	48.9	17.0	16.4
RACE					
Caucasian	774	13.4	51.4	4.2	30.9
African American	299	21.0	45.2	17.1	16.7
Other	14	*	*	*	*
Hispanic	21	*	*	*	*
EDUCATION					
Less than High School	76	9.6	48.1	19.8	22.5
High School Graduate	110	24.1	42.7	21.1	12.1
Some College	82	25.3	43.8	13.3	17.6
College Graduate	146	15.8	45.6	8.9	29.7
INCOME					
Less than $15,000	80	18.2	32.9	19.6	29.4
$15,000-$24,999	73	26.0	37.7	23.8	12.5
$25,000-$34,999	36	*	*	*	*
$35,000-$49,999	45	*	*	*	*
$50,000-$74,999	36	*	*	*	*
$75,000+	68	12.0	62.0	13.0	13.1

*Data not presented if the unweighted cell size was <50.
Small number prohibit the display of the data by Ward.

Diabetes Mellitus

Table 21. Last Eye Exam where Pupils Were Dilated, By Demographics

"When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light?"

	N	Within the Past Month	Within the Past Year	Within the Past 2 Years	2 or More Years Ago	Never
TOTAL	422	26.7	55.9	5.3	7.2	4.9
GENDER						
Male	147	28.6	54.7	3.4	8.1	5.2
Female	275	25.5	56.6	6.6	6.6	4.7
AGE						
25-34	7	*	*	*	*	*
35-44	22	*	*	*	*	*
45-54	81	19.4	57.2	6.9	11.9	4.7
55-64	107	24.6	56.5	5.6	6.4	6.8
65+	205	29.5	55.8	4.0	6.9	3.7
RACE						
Caucasian	76	27.3	44.5	10.4	15.0	2.7
African American	304	26.5	56.8	5.2	5.8	5.7
Other	14	*	*	*	*	*
Hispanic	22	*	*	*	*	*
EDUCATION						
Less than High School	77	14.5	62.9	8.3	9.5	4.8
High School Graduate	112	29.1	55.4	5.1	4.1	6.5
Some College	84	31.5	56.9	5.6	5.1	1.0
College Graduate	147	29.6	50.4	3.6	10.3	6.1
INCOME						
Less than $15,000	83	21.6	58.3	8.4	6.5	5.2
$15,000-$24,999	74	29.3	55.1	5.6	5.4	4.6
$25,000-$34,999	36	*	*	*	*	*
$35,000-$49,999	45	*	*	*	*	*
$50,000-$74,999	38	*	*	*	*	*
$75,000+	69	33.5	59.0	2.4	5.1	.0

*Data not presented if the unweighted cell size was <50.
Small number prohibit the display of the data by Ward.

Diabetes Mellitus

Table 22. Manage Diabetes, By Demographics

"What could the District of Columbia or your doctor do to provide help to people with diabetes manage their disease?"

	N	Lower cost of medication or provide free medication	Provide Diabetes Education	Provide Transportation to Doctor Appointment	Provide Nutritional Counseling and/or Education	Help with Cost of Blood Glucose Test Strips	Find healthy Food or Learn to Cook healthy Food	Improve or Provide Health Insurance Coverage	Other
TOTAL	2455	12.1	25.3	1.3	19.4	5.6	9.7	3.1	23.5
GENDER									
Male	839	12.5	25.6	.9	16.9	7.9	9.6	3.8	22.8
Female	1616	11.9	25.0	1.6	21.3	3.8	9.8	2.6	23.9
AGE									
18-24	62	22.7	18.2	.0	14.5	5.9	11.3	5.9	21.5
25-34	343	13.6	26.3	1.6	20.8	5.2	10.4	2.5	19.7
35-44	440	7.1	24.8	1.9	21.1	7.1	8.9	4.1	24.8
45-54	537	11.4	27.9	.7	19.3	4.2	10.1	2.5	24.0
55-64	538	11.5	27.3	.7	18.9	4.6	8.5	2.6	25.9
65+	535	11.6	22.4	2.1	17.5	6.7	9.4	2.5	27.7
RACE									
Caucasian	1147	8.5	25.1	1.4	22.7	6.1	10.9	3.4	21.8
African American	1031	13.9	25.2	1.5	17.0	5.6	9.4	2.7	24.8
Other	104	12.6	24.3	.0	22.6	7.6	6.1	2.8	24.1
Hispanic	130	17.7	25.2	1.3	15.9	3.3	10.9	5.2	20.5
EDUCATION									
Less than High School	137	22.7	11.3	3.5	16.4	2.2	18.4	4.7	20.8
High School Graduate	325	17.7	23.9	1.5	15.9	2.0	7.7	2.9	28.5
Some College	380	14.6	27.3	.8	14.7	7.3	8.8	3.3	23.3
College Graduate	1610	8.6	26.9	1.1	22.1	6.5	9.5	2.9	22.4
INCOME									
Less than $15,000	185	23.6	17.4	3.2	12.4	1.4	11.3	.8	30.1
$15,000-$24,999	214	20.4	24.7	2.2	15.2	3.4	8.1	3.5	22.6
$25,000-$34,999	152	9.8	26.2	1.7	16.6	4.4	13.3	4.6	23.3
$35,000-$49,999	240	11.6	30.9	3.4	17.1	5.9	11.9	1.9	17.3
$50,000-$74,999	320	13.1	21.1	.1	20.6	8.3	9.4	3.8	23.7
$75,000+	1099	7.4	27.9	.7	23.2	6.3	8.1	3.6	22.8
WARD									
Ward 1	209	13.3	26.0	2.9	19.7	7.7	8.6	4.7	17.1
Ward 2	245	9.7	28.8	2.6	22.7	3.8	6.4	6.5	19.5
Ward 3	377	11.6	20.7	.3	22.7	7.0	12.0	2.9	22.9
Ward 4	332	17.0	20.7	.2	19.8	6.2	8.4	2.9	24.8
Ward 5	232	10.9	24.4	3.1	14.3	6.9	15.6	2.9	21.9
Ward 6	284	9.4	22.0	.1	22.0	6.3	10.8	.4	28.9
Ward 7	207	8.2	27.0	1.2	21.3	4.8	4.1	1.4	32.1
Ward 8	149	18.9	31.3	2.5	12.6	5.3	8.7	3.8	16.8

* Don't know/Not sure 37.0%

Cardiovascular Disease

Cardiovascular disease encompasses a myriad of inter-related illnesses including hypertension, heart attacks, angina, and strokes. The leading cause of death in the United States in 2006 was cardiovascular disease. Estimates for that year reflect that over 80,000,000 in the United States are affected by a form of cardiovascular disease. [1]

Since other chronic diseases risk factors and behaviors such as obesity, diabetes, limited physical activity, smoking and diet are all contributors to cardiovascular disease, it is important to take a pro-active role in reducing risk factors. Having blood pressures checked routinely, reducing fat and sodium intake, and changing from a sedentary to a more physically active lifestyle will all positively contribute to a more healthy heart.

District of Columbia & National Trends

In 2007, heart disease was the number one cause of death in the District with 1,367 deaths. [2] The average age at which a person died from heart disease was 76 years old. By gender, males and female were equally as likely to die from cardiovascular disease (683 males and 684 females). African Americans were more than three times as likely to die from cardiovascular disease (1,043 deaths) than Caucasians (312 deaths).

Hypertension, one of several illnesses that comprise cardiovascular disease, was listed as the 9th leading cause of death (by gender) in 2007 for District of Columbia residents. Females were more likely than males (49 male deaths, 63 female deaths) and African Americans (82 deaths) were more than twice as likely as Caucasians (35 deaths) to die from hypertension.

Respondents from the District were asked if they were ever told by a doctor, nurse, or health professional that they had a heart attack, angina or coronary artery disease or a stroke. Only 2% reported having had a heart attack (down 1 percent from the previous year). Those who were told of having angina, coronary artery disease, or a stroke remained the same from than last year at 3%. In comparison, the national average for respondents having a heart attack and angina or coronary artery disease was 4%; the national and District averages were both the same at 3% for stroke. (Figure 11)

Cardiovascular Disease

Figure 11. Percentage of Adults with Cardiovascular Disease

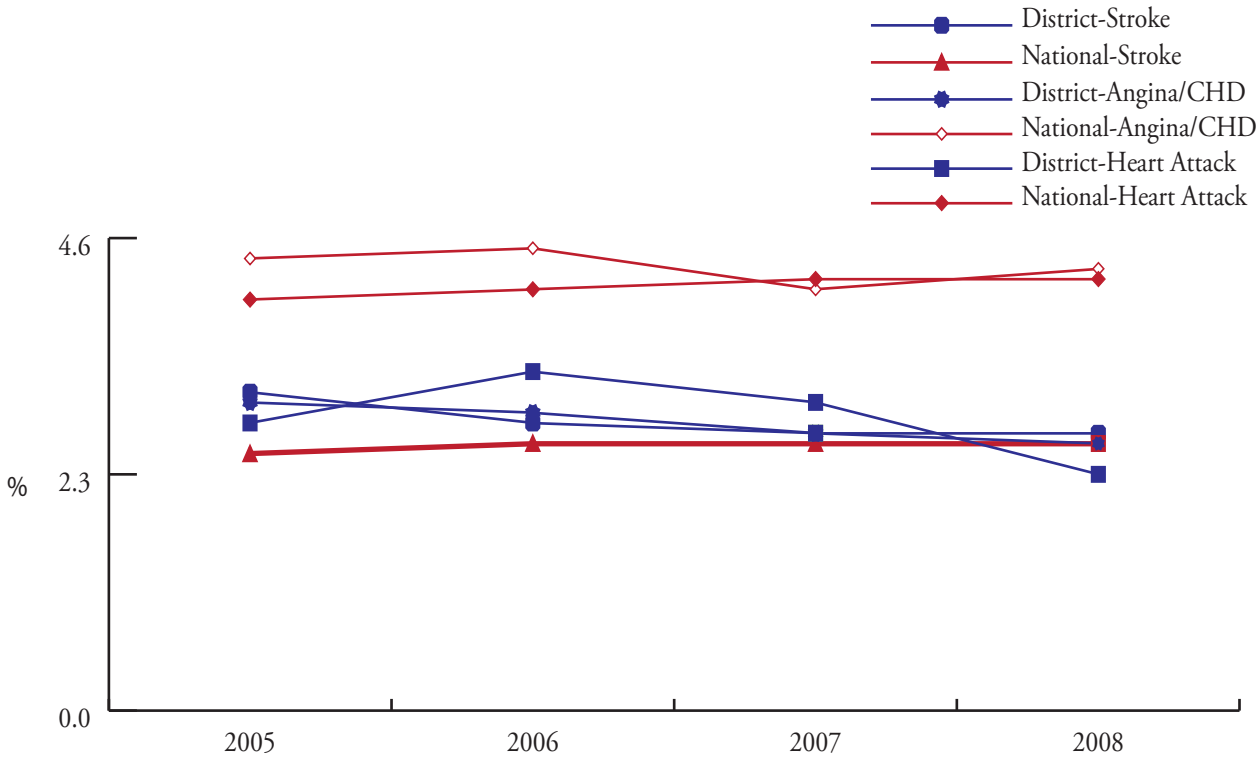


Table 23: Cardiovascular Disease

- Males and females were equally likely to being diagnosed with a heart attack and stroke (both at 3%), while females (3%) were marginally higher than males (2%) at being diagnosed with angina or coronary heart disease. Adults aged 65 years and older were twice as likely – or more – as other adults to be diagnosed with heart attacks and strokes (7% each) or angina or coronary heart disease (9%). Residents aged 45-64 years followed at 3% for being diagnosed with a heart attack. Adults aged 55-64 years old were ranked second at being diagnosed with angina or coronary heart disease (4%) and stroke (6%).

- African American respondents were twice as likely to be diagnosed with a heart attack (4%) and nearly twice as likely to be diagnosed with a stroke (5%) more than any other race. Additionally, African Americans ranked highest (5%) as being diagnosed with angina or coronary heart disease.

- Respondents with less than a high school education and high school graduates ranked equally as high (4%) as being diagnosed with a heart attack. Adults with less than a high school education ranked highest as being diagnosed with angina or coronary heart disease (4%) and stroke (6%).

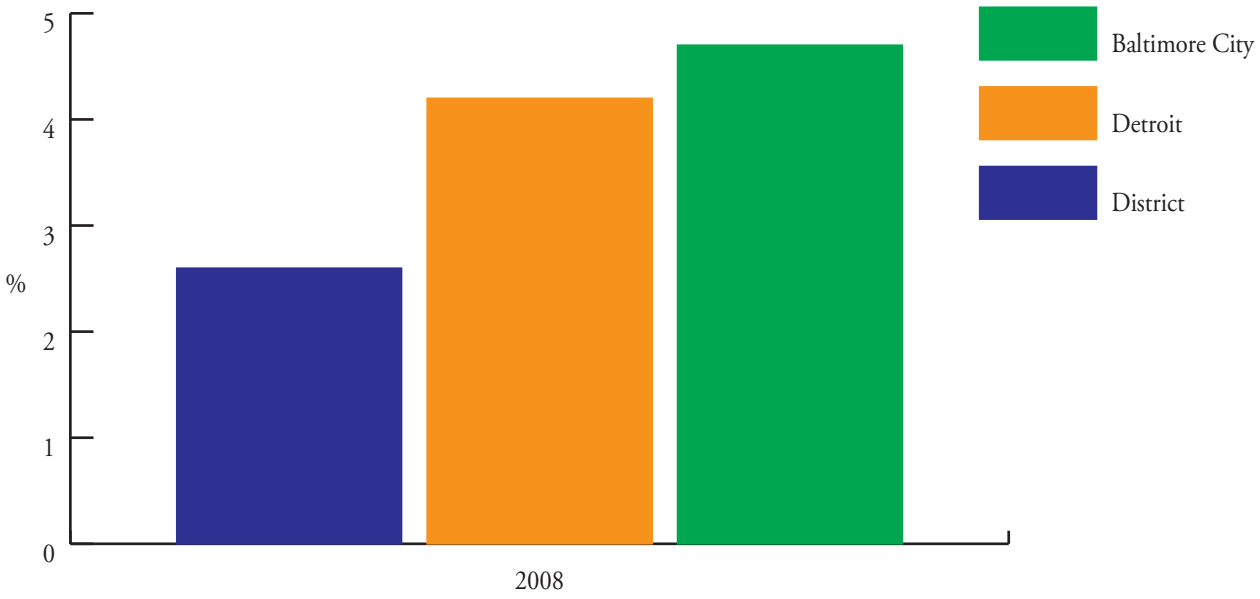
- Adults with annual household incomes ranging from less than $15,000 to $24,999 were equally likely to being diagnosed with a heart attack and angina or coronary heart disease 5%. Adults with annual household incomes of less than $15,000 ranked highest (8%) at being diagnosed with stroke.

- Ward 8 residents were more likely than residents of any other ward to be diagnosed with a heart attack (5%), angina or coronary heart disease (6%). Residents of Ward 4 were more likely than residents of any other ward to be diagnosed with a stroke at 7%.

Trend Comparisons of other cities with like demographics:

Cardiovascular disease affects many Americans and is treatable. The BRFSS looked at three illnesses that are categorized under cardiovascular disease: heart attack (myocardial infarction), angina or coronary heart disease, and stroke. The District of Columbia's 2008 prevalence rate ranked lowest in all categories – below 3%. Baltimore ranked highest for adults ever told they had angina or coronary artery disease (4.7%) whereas Detroit ranked highest for adults ever told they had a stroke (4.8%). Figures 12, 13 and 14

Figure 12. Adult Respondents who were told by a Doctor they had an Angina or Coronary Heart Disease by City



Cardiovascular Disease

Figure 13. Adult Repondents who were Told They Had a Stroke by City

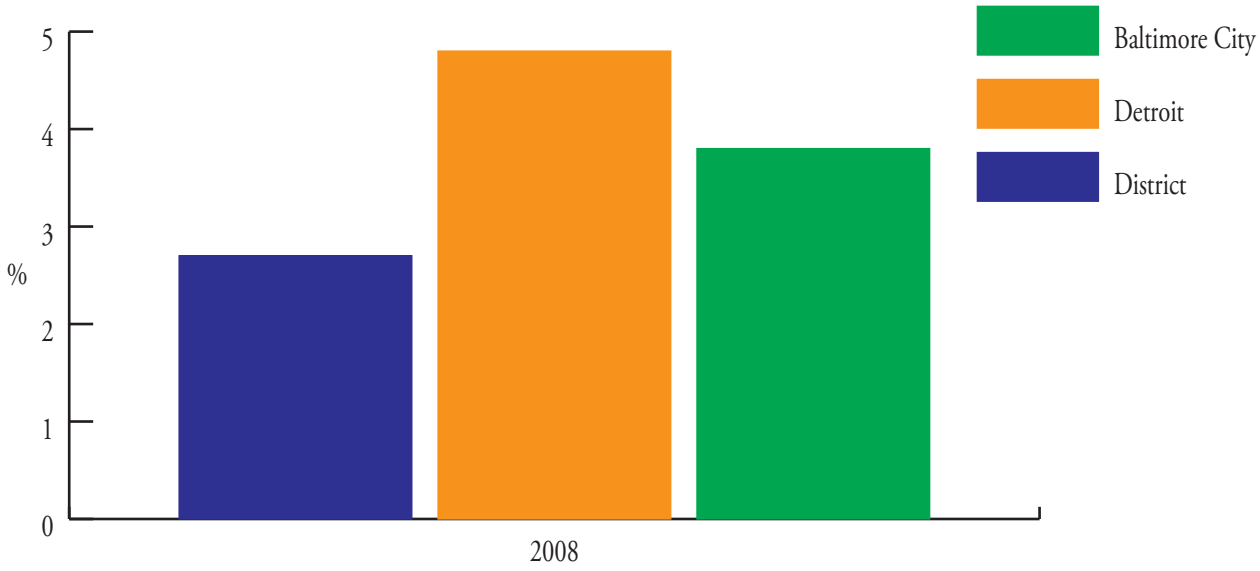
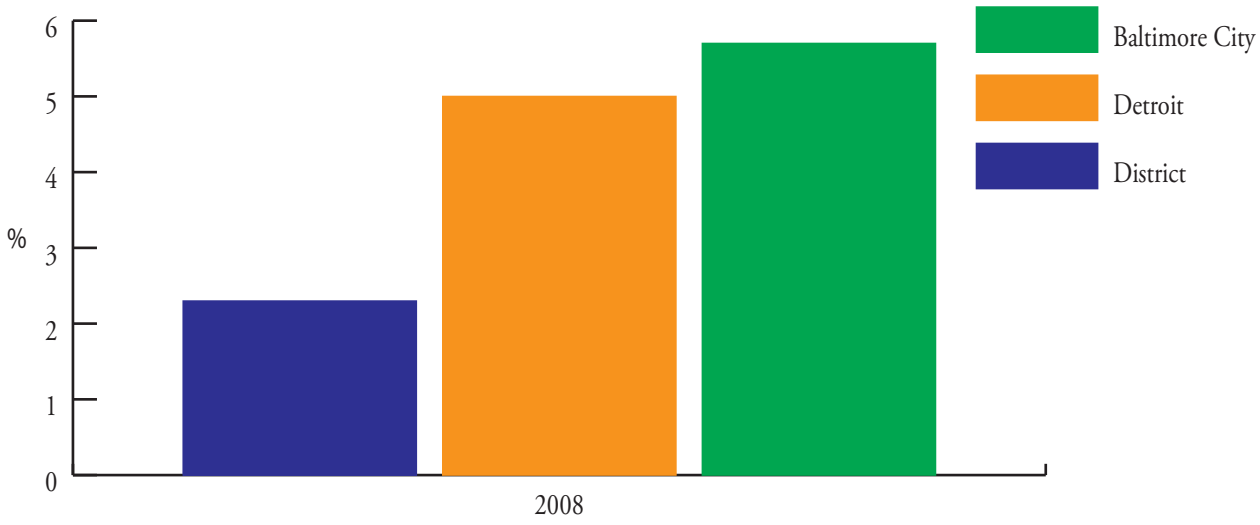


Figure 14. Adult Repondents who Told They Had a Heart Attack by City



Reference:
1. American Heart Association. (2009). Cardiovascular Disease Statistics. Retrieved on October 8, 2009 from http://www.americanheart.org/presenter.jhtml?identifier=4478.
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Cardiovascular Disease

Table 23. Cardiovascular Disease, By Demographics and Ward

"Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction, angina or coronary heart disease, or a stroke?"

		Diagnosed with Heart Attack		Diagnosed with Angina or Coronary Heart Disease		Diagnosed with Stroke
	N	Yes	N	Yes	N	Yes
TOTAL	4223	2.3	4217	2.6	4233	2.7
GENDER						
Male	1566	2.1	1567	2.4	1571	2.5
Female	2657	2.4	2650	2.7	2662	2.8
AGE						
18-24	118	.9	118	.3	118	.0
25-34	569	.0	570	.1	569	.4
35-44	694	1.0	695	.9	695	1.3
45-54	584	2.9	851	2.5	855	2.4
55-64	547	2.9	847	4.1	847	5.6
65+	1141	7.4	1136	9.0	1149	7.6
RACE						
Caucasian	1995	1.3	1993	2.2	1995	.8
African American	1763	3.5	1758	3.4	1772	4.5
Other	164	1.6	164	2.2	163	2.7
Hispanic	220	.2	221	0.6	222	.9
EDUCATION						
Less than High School	327	4.2	325	3.5	332	6.1
High School Graduate	659	3.8	655	3.0	663	4.9
Some College	640	2.8	640	2.8	642	3.4
College Graduate	2583	1.2	2583	2.2	2582	1.0
INCOME						
Less than $15,000	354	5.1	355	5.2	357	7.8
$15,000-$24,999	410	4.7	405	4.6	409	4.2
$25,000-$34,999	276	2.7	275	3.4	278	3.8
$35,000-$49,999	410	2.6	409	2.8	411	3.7
$50,000-$74,999	483	1.3	482	2.3	482	1.6
$75,000+	1753	.7	1751	1.4	1752	.6
WARD						
Ward 1	328	1.7	327	1.7	328	1.9
Ward 2	391	2.8	393	2.4	392	1.9
Ward 3	649	2.0	650	2.4	650	.7
Ward 4	530	3.3	529	2.5	531	3.3
Ward 5	398	3.8	399	3.5	399	3.4
Ward 6	476	1.8	474	1.4	477	2.0
Ward 7	363	1.6	358	3.2	364	6.5
Ward 8	272	4.5	271	5.7	273	5.5

Asthma

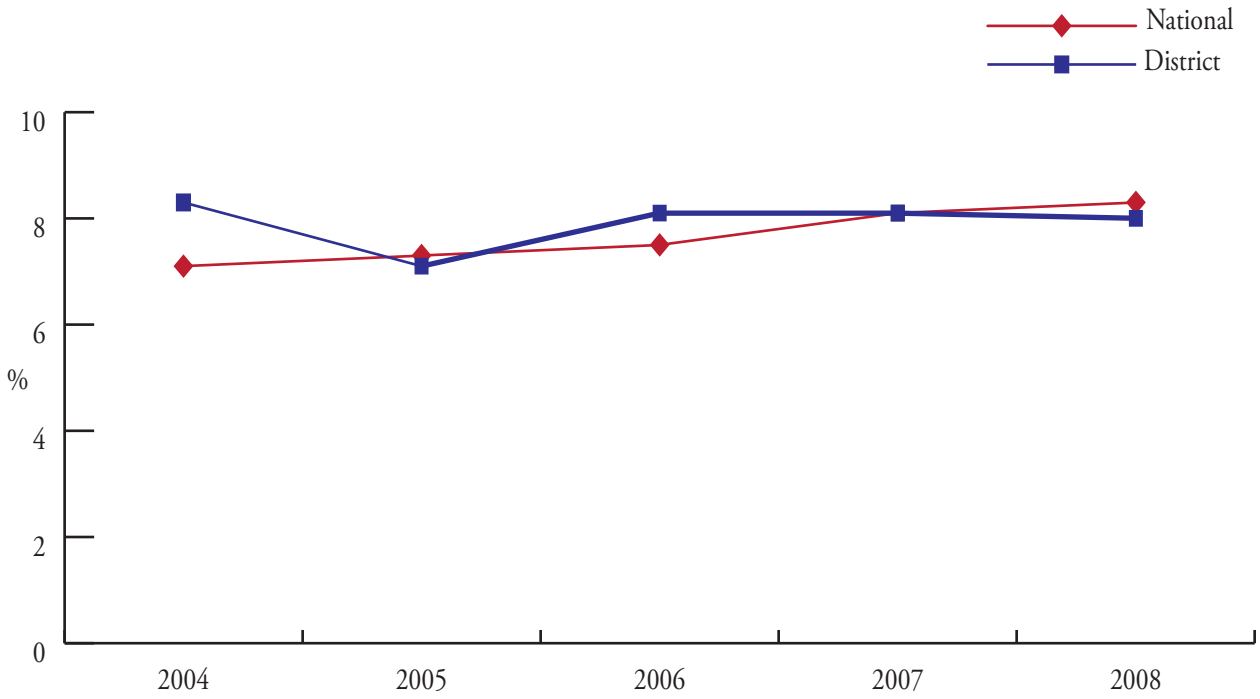
Asthma is a chronic illness that affects people of all ages. Over 34.1 million Americans have been diagnosed with asthma at some point in their life by a healthcare professional, and over 250,000 deaths have been attributed to asthma. [1]

Absenteeism from work and school may result from persons seriously affected by asthma. While there is no cure, successful treatment and management of asthma can be obtained through proper usage of prescribed medications and avoidance of known triggers.

District of Columbia & National Trends

Prevalence rates for adults in the District of Columbia who reported being diagnosed with asthma have increased over the years (since 2000 by almost 2%, with the highest rate being reported in 2006 at 10 percent). The District's current prevalence rate for adults reported as currently diagnosed with asthma is almost 10%. This number is slightly above the national average (9%). Over 16% of adults in the District who were asked if they were ever told they had asthma responded "yes". This rate has steadily increased and is the highest since 2000. The national average was slightly lower at 14%. Figure 15

Figure 15. Percentage of Adults Currently with Asthma



Asthma

Table 24: Prevalence of Adult Asthma

Overall, 9.6% of all respondents indicated they have been diagnosed with having asthma by a doctor or health professional and that they currently still struggle with asthma. Females (13%) were twice as likely as males (6%) to have been diagnosed with asthma and currently still have asthma.
The percentages by which respondents acknowledged being diagnosed by a health professional and currently still having asthma ranged from 7% to 17%.

- Respondents ages 18-24 years were ranked highest and adults aged 65 years and older were ranked lowest.

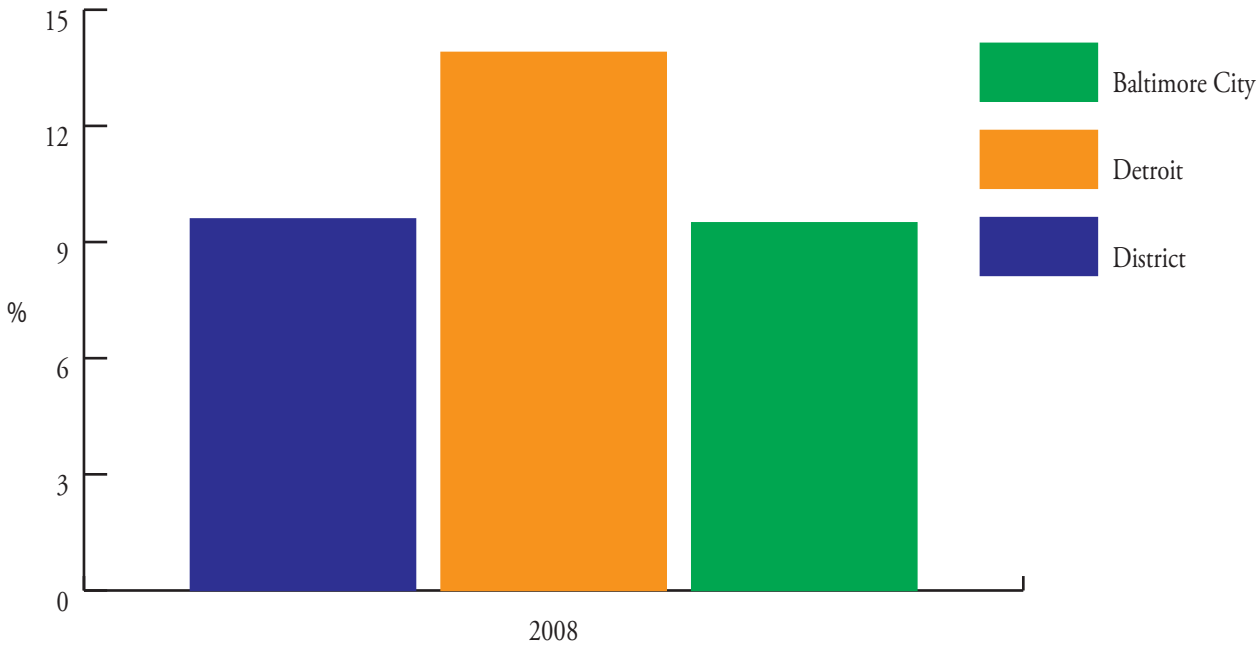
- African Americans (11%) were more likely to have been diagnosed by a doctor or health professional to have asthma and still have asthma followed by adults who specified their race as "other" at 10% whereas Hispanic were least likely (4.1%).

- Respondents living in Ward 8 ranked highest (15%) as having been diagnosed by a doctor or health professional and currently still having asthma than any other ward. Residents of Wards 2, 4, and 6 followed, ranking at 12%.

Trend Comparisons of other cities with like demographics:

Asthma is a preventable chronic illness that can be controlled. The District of Columbia's 2008 prevalence rate for adults currently have asthma (9.6%) is nearly equal to that of Baltimore at 9.5%. Detroit ranked highest with the percentage of adults currently with asthma at 13.9%. (Figure 16)

Figure 16. Adult Respondents who Currently have Asthma by City



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Asthma

Table 24. Prevalence of Adult Asthma, By Demographics and Ward

"Have you ever been told by a doctor or other health professional that you had asthma?" and "Do you still have asthma?"

	N	Current	Former	Never
TOTAL	4218	9.6	6.2	84.3
GENDER				
Male	1568	6.0	6.9	87.1
Female	2650	12.6	5.5	81.9
AGE				
18-24	117	16.9	10.7	72.5
25-34	564	9.3	7.4	83.3
35-44	691	9.9	5.3	84.8
45-54	855	8.3	5.9	85.7
55-64	847	9.4	4.7	85.8
65+	1144	7.0	4.0	89.1
RACE				
Caucasian	1985	8.7	6.6	84.6
African American	1771	11.4	6.2	82.5
Other	162	10.3	6.9	82.7
Hispanic	221	4.4	4.1	91.6
EDUCATION				
Less than High School	334	10.2	2.8	87.0
High School Graduate	662	11.9	6.4	81.7
Some College	638	10.1	7.3	82.5
College Graduate	2570	8.5	6.4	85.1
INCOME				
Less than $15,000	359	13.0	3.9	83.1
$15,000-$24,999	410	11.4	6.9	81.7
$25,000-$34,999	276	7.3	7.1	85.6
$35,000-$49,999	409	9.5	4.5	86.0
$50,000-$74,999	483	7.1	6.3	86.6
$75,000+	1740	8.6	6.9	84.6
WARD				
Ward 1	326	8.4	6.3	85.3
Ward 2	392	11.7	7.3	81.0
Ward 3	648	7.0	5.0	88.0
Ward 4	528	11.5	8.6	79.9
Ward 5	398	8.9	6.5	84.6
Ward 6	472	11.9	7.0	81.1
Ward 7	365	10.8	5.5	83.7
Ward 8	274	14.5	5.0	80.5

Overweight/Obesity (BMI)

HEALTHY PEOPLE 2010 OBJECTIVES

- Reduce the proportion of adults who are obese to 15%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 22%
- Increase the proportion of adults who are at a healthy weight to 60%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 45%

It is estimated that two-thirds of adults (20-years old and above) in the United States are overweight, and almost one-third is obese. [1] Overweight and obesity result from an imbalance of caloric intake and physical activity (that is, eating too many calories and not enough exercise). [2] Excess or an abnormal proportion of body fat is more concerning to doctors because one can be overweight, but not obese. (For example, athletes and body builders who are very muscular.) Measured by the Body Mass Index (BMI), is calculated using height and weight and is not gender specific.

Risk factors associated with overweight and obesity are diabetes, heart disease, high blood pressure, some forms of cancer, and other chronic illnesses. Health related costs (physician visits, medications, and hospitalizations) as well as time off from work and disability resulting from obesity and overweight are economic factors that are related to overweight and obesity. It is estimated that total costs from overweight and obesity are almost $93 billion (in 2002), and approximately one-half of these costs were paid by Medicare and Medicaid. [3]

Eating habits are developed during childhood, and parents play a vital role in developing children's food preferences and intake. An initiative of the U.S. Department of Agriculture (USDA) called "Team Nutrition" (a component of the Food and Nutrition Service that supports the Child Nutrition programs) offers training and technical assistance for food service, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. The goal of Team Nutrition is to improve children's lifelong eating and physical activity habits by using the principles of the national dietary guidelines and the food pyramid. [4] Some researchers suggest that nutrition education should be taught in school, and a lack thereof could be partly responsible for the childhood obesity epidemic. [5] The NHANES Surveys for the periods 1976-1980 and 2003-2006 indicate that prevalence for childhood obesity increased 7% in 2-5 years old, 10.5% in 6-11 years old, and 13% in 12-19 years old. Additionally, from the period 1998-2008, studies indicate that one of 7 low household income pre-school aged children is obese. [6]

District of Columbia & National Trends

Since 2001 the National percentages for obese adults have seen a steady increase whereas the increase the District of Columbia began to see a steady increase of obesity among its residents 18 and older in 2006. Figure 17

District of Columbia respondents to the BRFSS gave their height and weight measurements. Body Mass Index calculations were made, and respondents were classified as (1) neither overweight nor obese (BMI less than 24.9); (2) overweight (BMI 25.0 – 29.9); and (3) obese (BMI 30.0 and greater). Forty-five percent (45%) indicated they were neither overweight nor obese, 33% indicated they were overweight, and 22% indicated they were obese. Nationally, 36.6% of respondents indicated they were neither overweight nor obese, 36.6% indicate they were overweight, and 26.6% indicated they were obese.

Overweight/Obesity (BMI)

Figure 17. Percentage of Adults who are Overweight or Obese

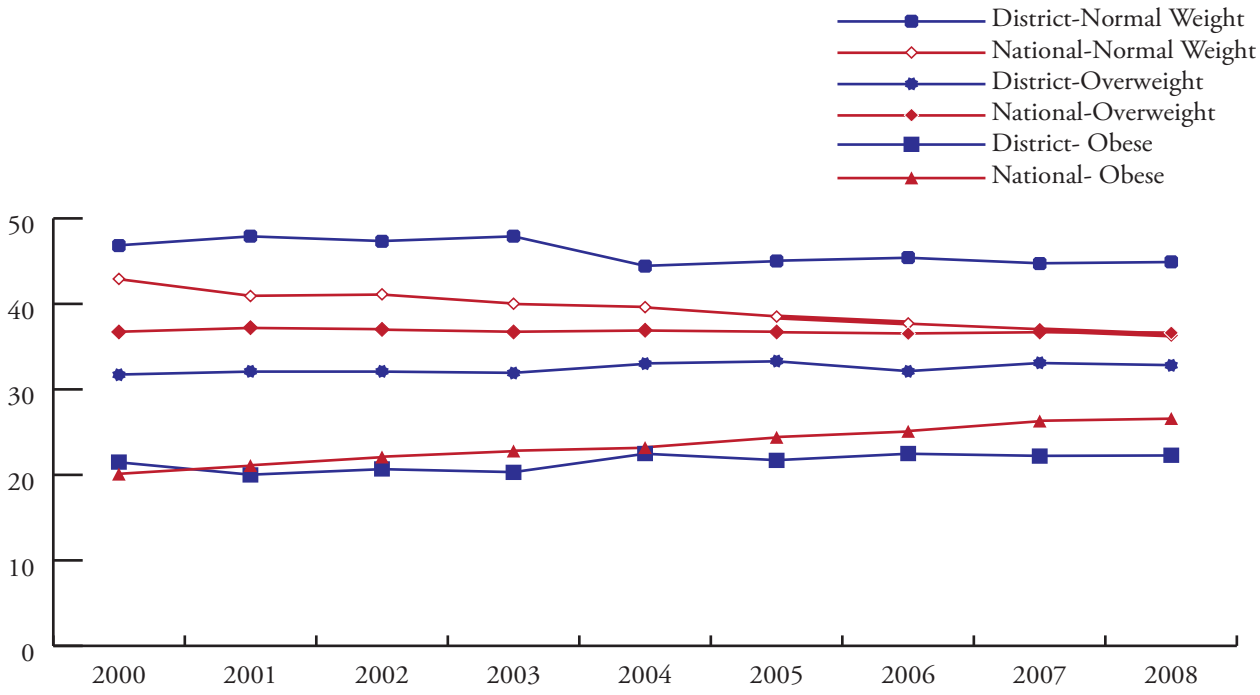


Table 25: BMI

- Forty-five percent (45%) of all respondents reported having a healthy weight. Thirty-three percent (33%) reported themselves as overweight (BMI between 25-28) and twenty-two percent (22%) reported themselves as obese (BMI 30 or higher).

- Adults ages 25-34 years old were more likely to report themselves as having a healthy weight (55%), while respondents ages 55-64 years ranked highest (38%) at being overweight and obese (29%).

- Caucasians and those whose race was specified as "other" ranked highest as having reported a healthy weight (61% equally) while Hispanics ranked highest as being overweight (36%). African Americans ranked highest as being obese (34%).

- College graduates ranked highest (54%) as having a healthy weight. Respondents with less than a high school education ranked highest (38%) as being overweight, while adults with some college were more likely to be obese (35%).

- Adults with an annual household income of $75,000 or greater reported having the highest healthy weight (51%), while overweight respondents (41%) were those whose household income were between $25,000 and $34,999. Respondents with an annual household income of less than $15,000 ranked highest as being obese at 38%.

- Respondents living in Ward 3 ranked highest (61%) as having a healthy weight, while residents of Ward 7 reported highest at being overweight (41%). Residents of Ward 8 were more likely to report being obese at 41%.

Overweight/Obesity (BMI)

Trend Comparisons of other cities with like demographics:

The District of Columbia's 2008 prevalence rates for overweight and obesity was compared to Baltimore, Detroit, and Memphis (obese only). The District fared best at normal weight (44.9%), followed by Baltimore (33%) and Detroit (29.5%). Prevalence rates for overweight ranked Baltimore highest at 36% followed by Detroit at 33.1% and finally the District at 32.8%. Adult respondents in Memphis were more likely to be obese, ranking highest at (70.6%), followed by Baltimore at 31% and last and the District at 22.3%. Data for normal weight and overweight was not available for Memphis. Figure 18 and 19

Figure 18. Adult Repondents who are Overweight by City

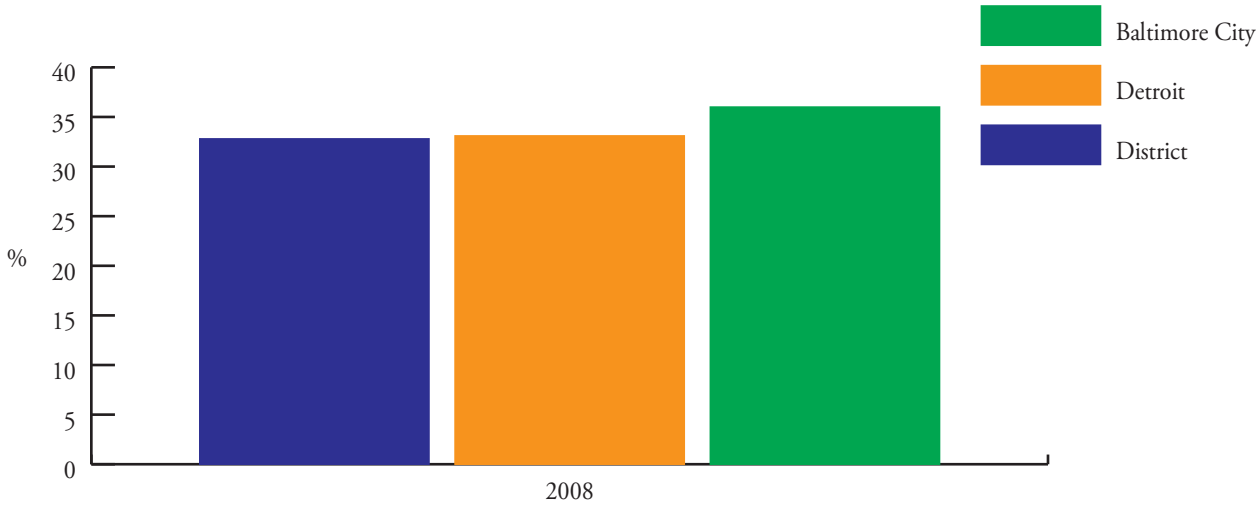
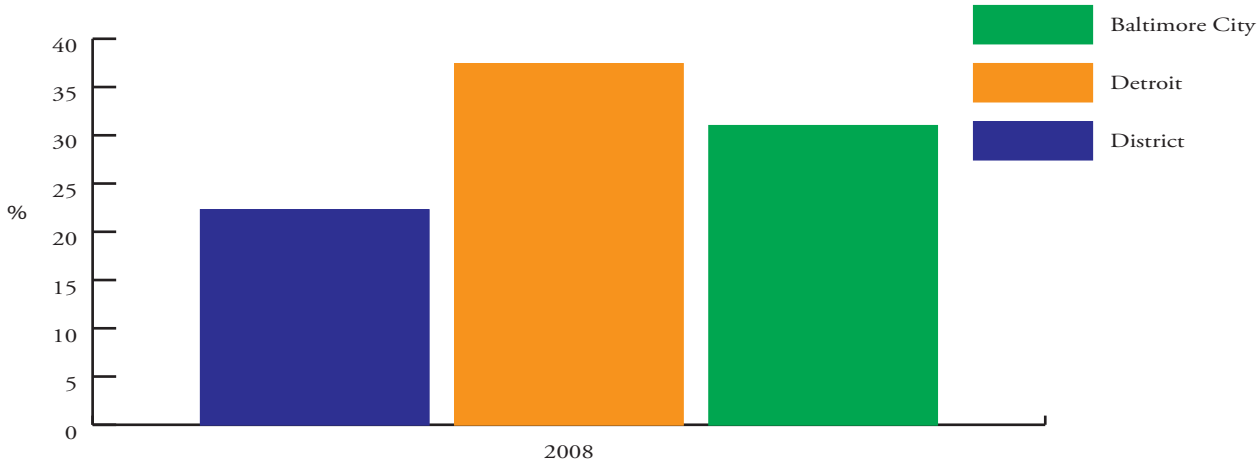


Figure 19. Adult Respondents who are Obese by City



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Overweight/Obesity (BMI)

Table 25. BMI, , By Demographics and Ward

Calculated variable based on Body Mass Index (BMI). BMI is a function of respondent's reported height and weight. "Overweight" is equal to a BMI of 25 to 28, and "Obese" is equal to a BMI of 30 or higher.

	N	Healthy Weight	Overweight	Obese
TOTAL	4052	44.9	32.8	22.3
GENDER				
Male	1542	42.3	40.7	17.1
Female	2510	47.2	25.8	27.0
AGE				
18-24	114	53.6	28.9	17.5
25-34	556	55.1	26.7	18.1
35-44	664	39.6	37.1	23.3
45-54	797	39.1	34.6	26.2
55-64	817	33.5	37.9	28.6
65+	1104	43.1	34.6	22.3
RACE				
Caucasian	1938	60.9	29.0	10.1
African American	1701	31.3	35.2	33.5
Other	159	60.6	25.0	14.4
Hispanic	188	42.9	36.2	20.9
EDUCATION				
Less than High School	306	32.3	37.9	29.9
High School Graduate	620	34.0	34.2	31.8
Some College	619	34.8	30.1	35.1
College Graduate	2499	53.5	32.2	14.3
INCOME				
Less than $15,000	338	29.7	32.3	37.9
$15,000-$24,999	394	37.1	33.3	29.6
$25,000-$34,999	269	33.7	40.6	25.7
$35,000-$49,999	404	39.8	31.8	28.4
$50,000-$74,999	469	45.8	30.7	23.5
$75,000+	1709	51.3	33.8	14.9
WARD				
Ward 1	321	48.5	37.2	14.3
Ward 2	382	56.8	29.8	13.4
Ward 3	630	60.8	28.4	10.8
Ward 4	510	39.2	34.0	26.8
Ward 5	385	37.8	30.5	31.6
Ward 6	463	41.7	35.2	23.1
Ward 7	348	25.9	40.4	33.8
Ward 8	265	33.1	26.6	40.3

Risky Behaviors

Tobacco Use

HEALTHY PEOPLE 2010 OBJECTIVES

- Reduce cigarette smoking by adults to 12%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 16%

- Increase smoking cessation attempts by adult smokers to 75% (who stopped smoking for 1 day or longer in the past year because they were trying to quit).
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 64%

Tobacco use has been named in Healthy People 2010 as one of the leading health indicators of the nation's health. Its goal is to reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke. [1]

Tobacco use is the leading most preventable cause of death in the United States, and is estimated to account for more than one-third of cancer deaths. [2] Correlated to tobacco use are diseases such as cancer (lung, pancreas, cervix, mouth), chronic lung diseases (emphysema, asthma, bronchitis), and cardiovascular disease (heart attack, stroke, atherosclerosis).

As reported by the Surgeon General, smoking greatly distresses the body. It harms nearly every organ in the body, affects women during reproduction and pregnancy, and affects the immune system. Women who smoke during pregnancy increase the likelihood of low birth weights, premature births, and sudden infant death syndrome. [3] Tobacco use is not limited to inhalation only; rather, it includes spit tobacco (chewing tobacco, snuff, and smokeless tobacco).

Public health smoking campaigns, enacted legislation restricting indoor smoking, penalties to sellers of tobacco products to minors, and increased health and life insurance premiums have all been helpful in reducing the number of smokers. A July 2006 report from the National Cancer Institute estimates that 4,000 children are introduced to smoking daily through the use of flavored cigarettes (called gukhta in South Asia, bidis in India, and kreteks in Indonesia). The tobacco industry has found that adding flavoring to the taste and smell of tobacco makes tobacco more appealing to children. However in 2009 the FDA announced that certain cigarettes with candy and fruit-flavoring are illegal in the United States authorized under recent legislation (Family Smoking Prevention and Tobacco Control Act). This recent legislation aims to prevent smoking among children.

District of Columbia & National Trends

District of Columbia respondents to the 2008 BRFSS were asked about their smoking status. Sixty-one percent (61%) indicated they had never smoked while 16% indicated they were current smokers. Nine percent (9%) indicated they smoke every day, 7% indicated they smoked some days and 23% indicated they were former smokers. The number of respondents who indicated they had never smoked has increased by 4% since 2000 as well as the number of current smokers (decreased by 5%). The number of former smokers has fluctuated by 1-3% from 2000 through 2008, with the highest percentage of former smokers in 2001.

National averages for respondents of the BRFSS indicate that 18% were current smokers, 13% smoked every day, 5% smoked some days, 25% were former smokers and 56% never smoked. Figure 20

Tobacco Use

Figire 20. Percentage of Adults who are Current Smokers

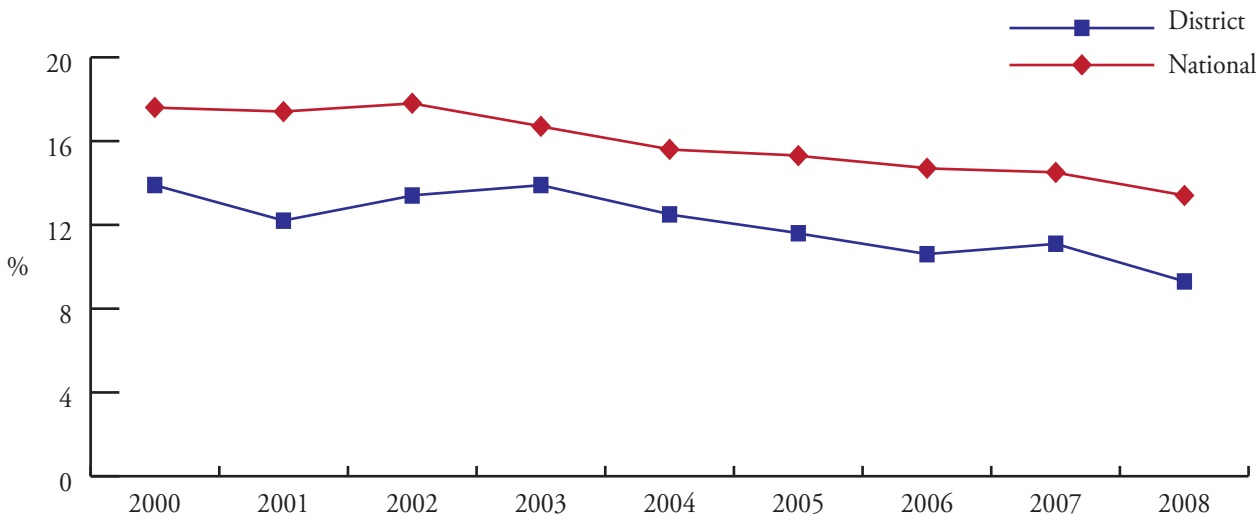


Table 26: Current smokers and Quit Attempts, Table 27: Current Bidi Smokers, Table 28: Smoked 100 Cigarettes in One's Lifetime, and Table 29: Current Smoking Status

- Sixteen percent (16%) of adult respondents indicated they were current smokers and sixty-four percent (64%) indicated an attempt to quit smoking in the past year.

- Fourteen percent (14%) of adult respondents indicated they had smoked a bidi (flavored cigarette from India).

- Males (19%) were more likely than females (14%) to be current smokers, but both equally (64%) attempted quitting smoking in the past year. Moreover, males (19%) were more likely to smoke a bidi than females (10%).

- Adult respondents between the ages of 55 – 64 years old ranked highest as being current smokers while adult respondents between the ages of 18-24 years old ranked highest with attempting to quit smoking within the past year at 70%. Respondents aged 18-24 years were more likely to smoke a bidi (46%) than adults in all categories.

- African Americans ranked highest as being current smokers (22%) whereas Hispanics ranked highest with attempting to quit smoking within the past year (74%). African Americans also ranked highest as having smoked a bidi (21%) followed by adults who specified their race as "other" (16%).

- Adults with less than a high school education (30%) were more likely to be current smokers than respondents who were high school (24%) or college (9%) graduates, or those with some college education (23%). High school graduates ranked highest with attempting to quit smoking (70%) followed closely by adults with less than a high school education (69%).

- Residents of Ward 8 ranked highest as current smokers (26%) whereas residents of Ward 4 were more likely to attempt quitting smoking within the past year (83%). Residents of Ward 8 also ranked highest as having smoked a bidi (27%) followed by residents of Ward 5 (22%).

Tobacco Use

- Overall, thirty-nine percent (39%) of respondents indicated they had smoked at least 100 cigarettes in their entire life.

- Males (43%) were more likely than females (36%) to have smoked 100 cigarettes in their entire life and adults aged 65 years and older (51%) were more likely to have smoked 100 cigarettes in their entire life than adults in any other age group. African Americans (41%) ranked highest as having smoked 100 cigarettes in their entire life followed closely by Caucasians (40%). Adults with less than a high school education (47%), and fifty percent (50%) of respondents with household income ranging between $25,000 and $34,999 ranked highest as having smoked 100 cigarettes in their entire life. Finally, residents of Ward 8 (45%) were more likely to have smoked at least 100 cigarettes in their entire life followed by residents of Wards 2 and 3 (42%).

- Twenty-four percent (24%) of adult respondents indicated they smoke daily whereas 55% indicated they do not smoke at all. Males (25%) were more likely than females (23%) to smoke daily, and adults aged 18-24 years (38%) ranked highest as daily smokers. African Americans (34%), followed by adults whose race was specified as "other" (24%), were more likely to smoke daily as were high school graduates (36%) and adult respondents (36%) with household income between $15,000 and $24,999. Finally, residents of Ward 8 (37%) ranked highest as daily smokers followed closely by residents of Ward 7 (36%). Residents of Ward 3 (73%) ranked highest as non-smokers.

Trend Comparisons of other cities with like demographics:

The 2008 BRFSS questionnaire ranked smoking status in the following order: current, daily; current, some days; former smoker; and never smoked. The District of Columbia's 2008 prevalence rate for respondents who currently smoke is 16.2% which is lower than Baltimore (21.9%), Memphis (22.4%), and Detroit (24.8%). It is noteworthy to indicate that "currently smoke" is a calculated variable equal to respondents who smoked at least 100 cigarettes in their life and now smoke every day or some days. Figure 21

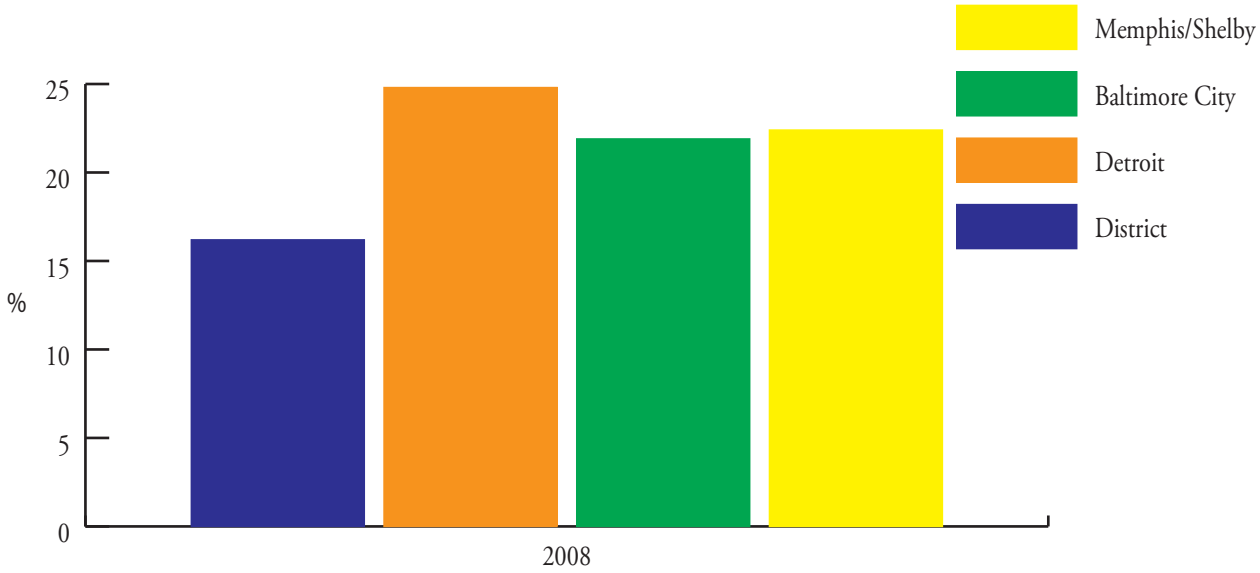
References:

1. Centers for Disease Control and Prevention. Healthy People 2010. Focus area 27 – Tobacco use. Retrieved on October 21, 2009 from http://www.healthypeople.gov/document/html/volume2/27tobacco.htm.

2. National Cancer Institute. (2009). Prevention and Cessation of Cigarette Smoking: Control of Tobacco Use. Retrieved on January 15, 2010 from http://www.cancer.gov/cancertopics/pdq/prevention/control-of-tobacco-use/Patient/page2.

3. Centers for Disease Control and Prevention. (2009). 2004 Surgeon General's Report – The health consequences of smoking. Centers for Disease Control and Prevention, Smoking & tobacco use, Data and statistics, Surgeon General's reports. Retrieved on October 21, 2009 from http://www.cdc.gov/tobacco/data_statistics/sgr/2004/index.htm.

Figure 21. Adult Repondents who are Current Smokers by City



Tobacco Use

Table 26. Current smokers and Quit Attempts, By Demographics and Ward

"Currently Smoke" is a calculated variable equal to respondents who smoked at least 100 cigarettes in their life and now smoke every day or some days. "Tried to Quit" equal respondents answer yes to: "During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?"

	N	Currently Smoke Cigarettes	N	Tried to Quit Smoking in Past Year
TOTAL	4216	16.2	628	64.4
GENDER				
Male	1565	19.2	259	64.4
Female	2651	13.7	369	64.4
AGE				
18-24	117	23.8	20	*
25-34	566	14.2	79	63.9
35-44	691	15.9	106	65.7
45-54	854	21.1	175	66.1
55-64	847	16.6	141	62.7
65+	1141	10.6	107	55.4
RACE				
Caucasian	1985	9.8	188	47.2
African American	1766	22.4	387	69.3
Other	163	12.8	21	*
Hispanic	222	15.7	25	*
EDUCATION				
Less than High School	332	29.5	89	69.2
High School Graduate	657	24.2	149	69.5
Some College	642	23.0	139	66.1
College Graduate	2571	9.2	249	55.7
INCOME				
Less than $15,000	359	21.2	90	58.6
$15,000-$24,999	410	31.0	114	73.3
$25,000-$34,999	277	27.8	56	66.6
$35,000-$49,999	411	18.7	80	62.4
$50,000-$74,999	480	15.4	74	73.7
$75,000+	1743	8.5	140	55.3
WARD				
Ward 1	328	12.6	48	*
Ward 2	391	13.7	52	56.2
Ward 3	643	11.4	48	*
Ward 4	529	12.7	50	83.1
Ward 5	396	23.9	88	60.8
Ward 6	476	15.2	69	53.2
Ward 7	363	19.6	69	69.3
Ward 8	275	26.1	79	71.5

*Data not presented if the unweighted cell size was <50.

Tobacco Use

Table 27. Current Bidi Smokers, By Demographics and Ward

"A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?"

	N	Yes	No
TOTAL	4191	14.2	85.8
Male	1544	19.0	81.0
Female	2647	10.1	89.9
AGE			
18-24	116	45.5	54.5
25-34	567	20.5	79.5
35-44	685	9.7	90.3
45-54	849	10.2	89.8
55-64	846	5.2	94.8
65+	1128	2.0	98.0
RACE			
Caucasian	1974	5.6	94.4
African American	1757	21.2	78.8
Other	162	15.5	84.5
Hispanic	219	13.1	86.9
EDUCATION			
Less than High School	329	23.7	76.3
High School Graduate	657	21.6	78.4
Some College	639	23.0	77.0
College Graduate	2552	7.4	92.6
INCOME			
Less than $15,000	357	18.5	81.5
$15,000-$24,999	403	23.2	76.8
$25,000-$34,999	276	29.6	70.4
$35,000-$49,999	407	14.8	85.2
$50,000-$74,999	478	9.9	90.1
$75,000+	1736	7.1	92.9
WARD			
Ward 1	323	11.9	88.1
Ward 2	391	8.5	91.5
Ward 3	646	4.2	95.8
Ward 4	522	16.2	83.8
Ward 5	394	21.7	78.3
Ward 6	473	14.8	85.2
Ward 7	361	16.2	83.8
Ward 8	275	27.3	72.7

Tobacco Use

Table 28. Smoked 100 Cigarettes In One's Lifetime, By Demographics and Ward
"Have you smoked at least 100 cigarettes in your entire life?"

	N	Yes	No
TOTAL	4218	38.9	61.1
GENDER			
Male	1567	42.7	57.3
Female	2651	35.6	64.4
AGE			
18-24	117	28.3	71.7
25-34	567	31.8	68.2
35-44	691	31.7	68.3
45-54	855	46.1	53.9
55-64	847	47.2	52.8
65+	1141	51.0	49.0
RACE			
Caucasian	1986	40.1	59.9
African American	1767	40.7	59.3
Other	163	34.0	66.0
Hispanic	222	31.6	68.4
EDUCATION			
Less than High School	332	47.2	52.8
High School Graduate	657	41.8	58.2
Some College	643	42.7	57.3
College Graduate	2572	35.3	64.7
INCOME			
Less than $15,000	359	41.1	58.9
$15,000-$24,999	410	46.8	53.2
$25,000-$34,999	277	49.9	50.1
$35,000-$49,999	411	39.0	61.0
$50,000-$74,999	481	37.3	62.7
$75,000+	1744	35.0	65.0
WARD			
Ward 1	328	36.7	63.3
Ward 2	391	41.9	58.1
Ward 3	643	42.1	57.9
Ward 4	529	33.3	66.7
Ward 5	396	46.5	53.5
Ward 6	476	38.4	61.6
Ward 7	364	40.2	59.8
Ward 8	275	45.4	54.6

Tobacco Use

Table 29. Current Smoking Status, By Demographics and Ward
"Do you now smoke cigarettes every day, some days, or not at all?"

	N	Every Day	Some Days	Former Smoker	Not at All
TOTAL	4216	9.3	7.0	22.5	61.2
GENDER					
Male	1565	10.6	8.5	23.3	57.5
Female	2651	8.1	5.6	21.9	64.4
AGE					
18-24	117	10.6	13.2	4.4	71.7
25-34	566	7.9	6.3	17.4	68.4
35-44	691	9.4	6.5	15.8	68.3
45-54	854	14.2	7.0	24.9	54.0
55-64	847	9.3	7.2	30.6	52.8
65+	1141	5.7	4.9	40.4	49.0
RACE					
Caucasian	1985	5.4	4.3	30.2	60.1
African American	1766	13.8	8.7	18.2	59.4
Other	163	8.2	4.6	21.3	66.0
Hispanic	222	4.7	11.0	15.9	68.4
EDUCATION					
Less than High School	332	16.1	13.4	17.7	52.8
High School Graduate	657	15.2	9.1	17.6	58.2
Some College	642	14.3	8.7	19.5	57.5
College Graduate	2571	4.6	4.6	26.0	64.8
INCOME					
Less than $15,000	359	10.5	10.7	19.8	58.9
$15,000-$24,999	410	16.9	14.1	15.8	53.2
$25,000-$34,999	277	15.5	12.3	22.1	50.1
$35,000-$49,999	411	12.9	5.8	20.3	61.0
$50,000-$74,999	480	8.8	6.6	21.6	63.0
$75,000+	1743	4.5	4.0	26.4	65.1
WARD					
Ward 1	328	5.6	7.1	24.1	63.3
Ward 2	391	5.7	8.0	28.2	58.1
Ward 3	643	4.6	6.7	30.8	57.9
Ward 4	529	7.7	5.0	20.6	66.7
Ward 5	396	14.7	9.2	22.6	53.5
Ward 6	476	9.2	6.1	23.2	61.6
Ward 7	363	14.2	5.4	20.3	60.1
Ward 8	275	16.9	9.2	19.3	54.6

Alcohol Consumption

HEALTHY PEOPLE 2010 OBJECTIVES

- Reduce the proportion of adults engaging in binge drinking of alcoholic beverages to 6%
  DISTRICT GOAL NOT MET: 17.9%

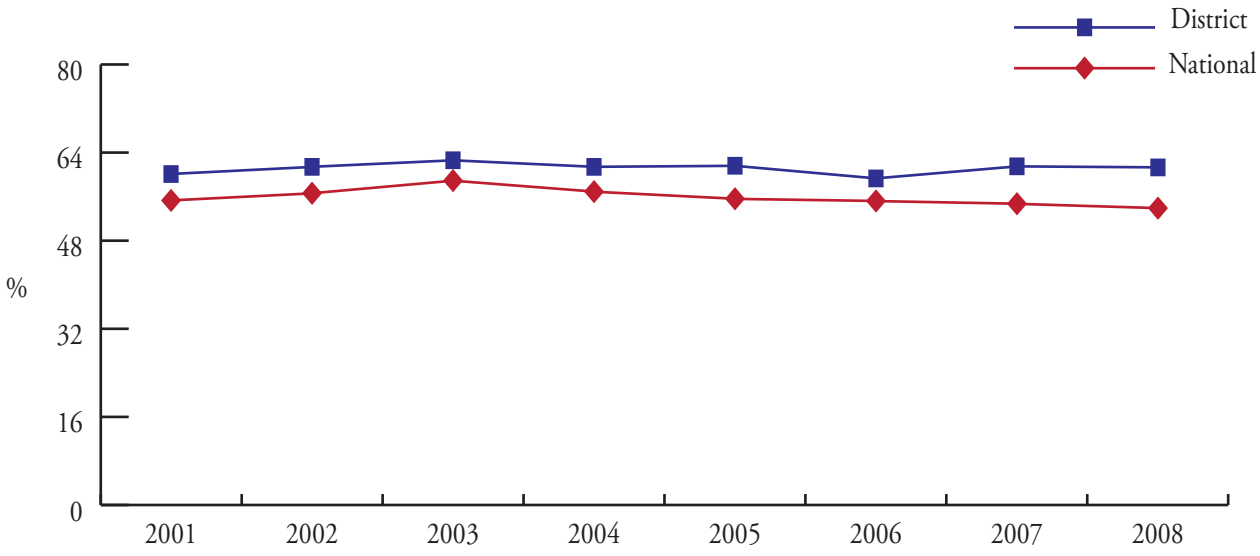
A specific goal of the Healthy People 2010 is to reduce substance abuse in order to improve the quality of life for Americans. With regard to alcohol consumption, American citizens have increased overall alcohol consumption by 1.8 percent. As of November 2008, in order to meet the Healthy People 2010 objective, Americans will have had to reduce their consumption of alcohol by 13.7 percent (each year from 2007-2010). [1]

The CDC indicates that approximately 85,000 persons die from liver disease associated with alcoholism. [2] Chronic liver disease and cirrhosis is ranked 12th as the leading cause of death in the United States. [3] Cancers of the upper gastrointestinal tract, hypertension, depression, and many other chronic diseases increase mortality and morbidity rates resulting from extensive alcohol consumption. Injuries from domestic violence (intimate partner and child), automobile-related accidents, impaired judgment, and even suicide are only a few other risky behaviors that may result from increased alcohol consumption.

District of Columbia & National Trends

Alcohol Consumption within the Past 30 Days: The District of Columbia has shown minimal fluctuations since 2000 in alcohol consumption. Survey results indicate that 61% of all respondents that responded to this question had consumed more than one drink of any alcoholic beverage in the past 30 days. This number is slightly lower than 2007 figures at 61.5%. The national average is 7 percent lower at 54%. Figure 22

Figure 22. Percemtage of Adults Who Have Drank Alcohol in the Past 30 Days



Alcohol Consumption

Heavy Drinking: Heavy drinking is described in the 2008 BRFSS as adult men who have had more than two drinks per day and adult women who have had more than one drink per day. According to estimates from the 2001 National Household Survey on Drug Abuse (Volume 1), almost 6% of the population ages 12 years or older reported heavy drinking. [4]

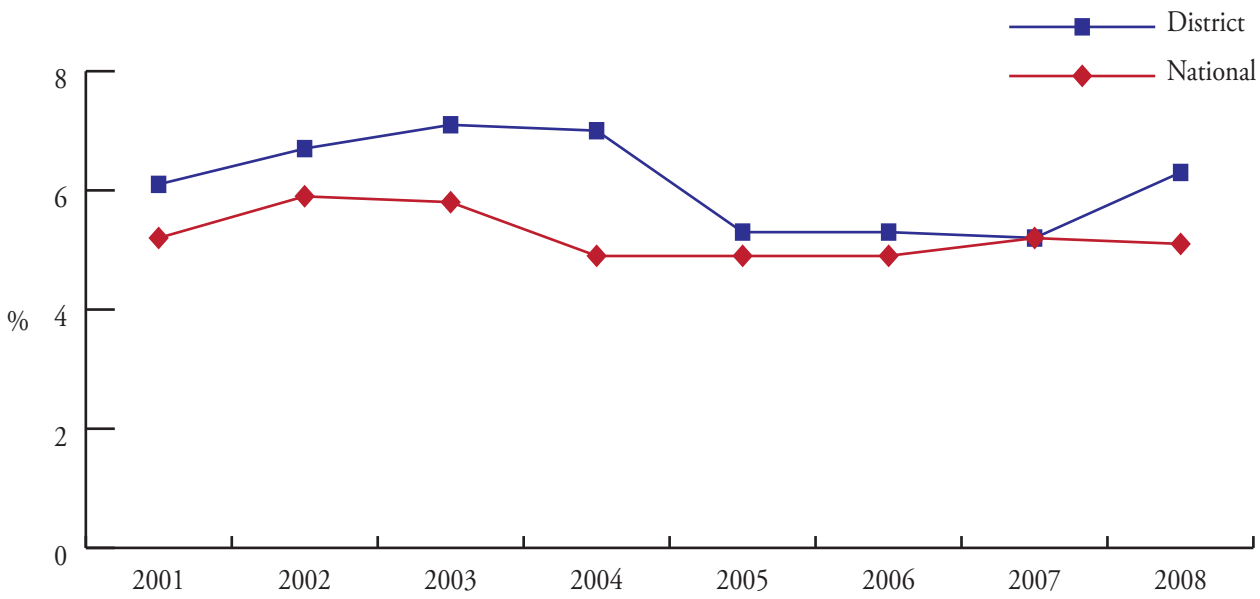
- Correspondingly, six percent (6%) of District of Columbia respondents indicated that they had more than one (women) or two (men) drinks per day. The national average is 5%. Figure 23

Table 30: Heavy Drinking

- Female respondents (7%) were more likely to be heavy drinkers than male respondents (6%). and adults respondents between the ages of 18-24 years old (10%). Caucasians were more likely to report being heavy drinkers at 11%. (This number is twice as high as any other race reported.) College graduates also ranked highest as heavy drinkers (8%), as well as adults with annual household incomes of $75,000 or greater (9%). Finally, Ward 2 residents (13%) ranked highest as heavy drinkers. Ward 7 residents ranked lowest at 1%.

Binge Drinking: Defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other), binge drinking is common among college students. Reports indicate that it is proportionally higher in the 18-20 year old age group. [5] The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that youth who are binge drinkers are prone to miss classes, fall behind in grades, get hurt or injured or damage property. Further, SAMHSA reports that 16% of teenagers have had "black out" spells where they could not remember events of the previous evening due to binge drinking, and more than 60% of college men and 50% of college women report drinking and driving. [6] Eighteen percent (18%) of District of Columbia respondents to the 2008 BRFSS indicated that in the past 30 days they had four (men) or five (women) drinks on one occasion when considering all types of alcohol beverages. The national average was 15.5%. Figure 24

Figure 23. Percentage of Adults Who are Heavy Drinkers



Alcohol Consumption

Table 30 Binge Drinking

- Males (22%) were more likely than females (14%) to participate in binge drinking, and respondents ages 25-34 (30.%)years old were more likely than any other age group to participate in binge drinking. Caucasians (29%) followed by respondents who specified their race as "other" (21%) were more likely to participate in binge drinking as well as college graduates (23%). Respondents with annual household incomes of $75,000 or greater (24%) were more likely to be binge drinkers, followed closely (23%) by respondents with an annual household income of $50,000 - $74,999.

- Respondents of Wards 1 and 2 ranked highest equally at 25%; Ward 7 ranked lowest in binge drinking at 6%.

Figure 24. Percemtage of Adults Who Are Binge Drinkers

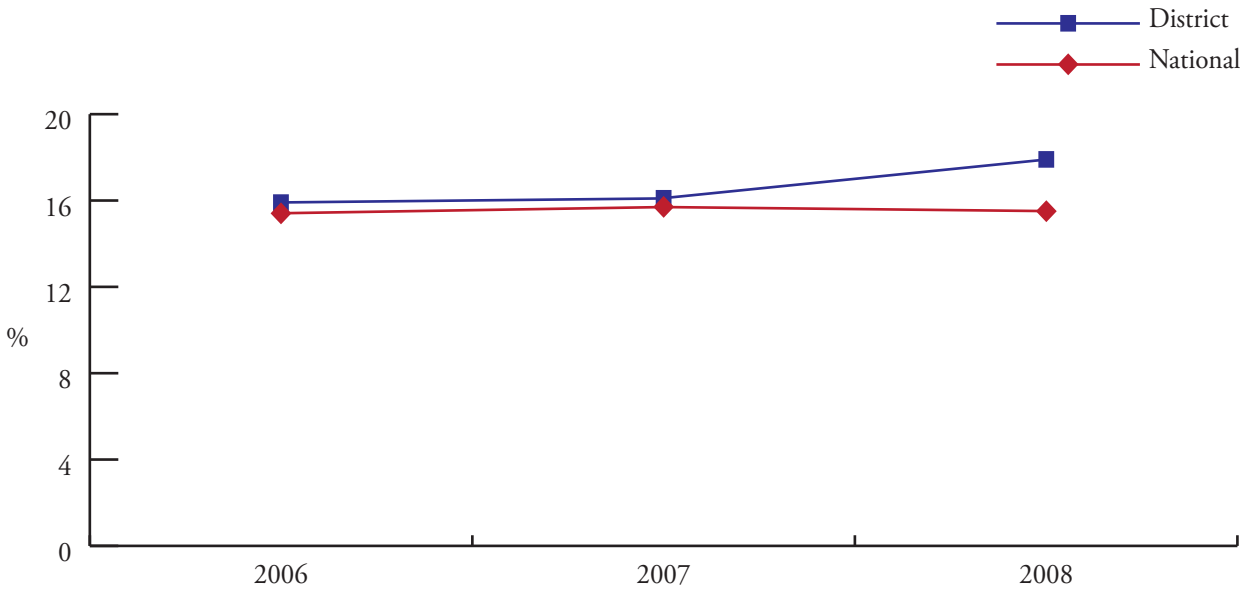


Table 31: Consumption of Alcohol in the Past 30 Days

- Overall, 61% of respondents indicated they had at least one drink of any alcoholic beverage during the past 30 days. Males (70%) were more likely than females (54%) to have had an alcoholic beverage during the past 30 days, as well as respondents between the ages of 24 and 34 years old (74%).

- Eight-six percent of Caucasians were more likely than any other race to report having consumed at least one drink of an alcoholic beverage within the past 30 days.

- College graduates (76%), and respondents whose household income was $75,000 or greater (80%) were more likely than those of any other educational attainment and earning less than $75,000 to report they consumed at least one alcoholic beverage within the past 30 days.

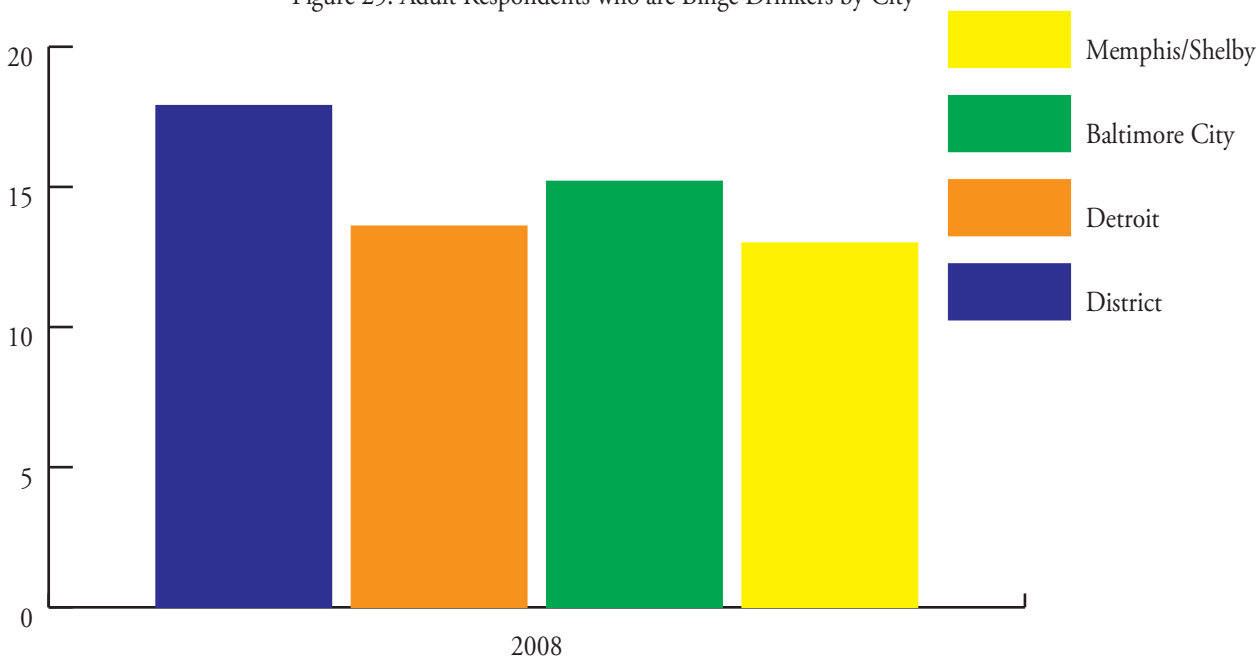
- Residents of Ward 3 (79%) were more likely than any other Ward to report having consumed at least one alcohol beverage within the past 30 days. Residents who reside in Ward 8 (40.4) were less likely to report having at least one alcoholic beverage within the past 30 days.

Alcohol Consumption

Trend Comparisons of other cities with like demographics:

Alcoholism is considered a disease that is treatable (but not curable). The District of Columbia's 2008 prevalence rate for chronic/heavy drinking was highest at 6.3% in comparison with Detroit (4.8%) and Baltimore (4.5%). No data relative to chronic/heavy drinking was available for Memphis (Shelby County). Further, the District of Columbia's prevalence rate ranked highest for binge drinking at 17.9%, followed by Baltimore at 15.2%, Memphis at 13%, and Detroit at 13.6. Figure 25

Figure 25. Adult Respondents who are Binge Drinkers by City



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Alcohol Consumption

Drinking and Driving

The lethal mixture of drinking and driving has resulted in unnecessary disabilities and fatalities. Statistics indicate that approximately one million people are injured in alcohol-related crashes. From 1986 to 1995, alcohol-related crashes reduced by 28% mostly from legislation, media campaigns, and enforcement. [1]

It has been reported that 20 million junior and senior high school students reported drinking on a monthly basis. [2] Although parents believe that peer pressure is what compels teens to drink, statistics indicate otherwise: 79% of teens report being drunk or high feels good; 67% report that drinking helps to forget problems; 66% report that others do (peer pressure); and 47% report they have nothing else to do. [3] Other reports indicate that people are more likely to die in alcohol-related traffic crashes on New Years' Eve than on other mid-week winter evenings. In 2008, 59 people had died in alcohol-related traffic crashes in the 12-hour span between 6:00 p.m. on New Year's Eve and 5:59 a.m. the next morning. Two weeks later, on the same night of the week, the death toll dropped to 13. [4]

Table 32: Drinking and Driving

- Overall, 96% of all respondents indicated that they had not driven when they had perhaps too much to drink. (This includes non-drinkers and adults who never drove or rode in a car.)

- Female and male respondents were equally responsible in their drinking and driving habits, i.e., they had not driven when they had perhaps too much to drink (97% and 96% respectively) as well as respondents ages 55 – 64 years old and those 65 years old and older (99% each). Hispanic respondents (99%) indicated they had not driven when they had perhaps too much to drink followed closely by African Americans at 98%. All respondents who had less than a high school education (100%) and 99% of respondents with an annual income less than $15,000 also indicated they had not drank alcohol nor driven when they had perhaps too much to drink.

- Residents in all wards of the city ranked in the 90th percentile of not driving after drinking too much. Respondents in Ward 7 ranked highest (99%) followed by respondents in Ward 8 (98%). Residents in Wards 1 and ranked lowest at 95%.

References:

1. Source: US Department of Transportation's Fatal Accident Reporting System and the National Highway Traffic Safety Administration's National Center for Statistical Analysis. Retrieved on January 15, 2010 from http://www.pbs.org/justone/justo5.htm.

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Alcohol Consumption

Table 30. Binge Drinking and Heavy Drinking, By Demographics and Ward

"Heavy Drinking is a created variable from responses to the following questions: "During the past 30 days, how many days per week per month did you have at least one drink of any alcoholic beverage?" and "One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?" Binge Drinking results are from responses to: "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?"

	N	Heavy Drinking		N	Binge Drinking	
		Not Heavy Drinker	Heavy Drinker		Not Binge Drinker	Binge Drinker
TOTAL	4134	93.7	6.3	4164	82.1	17.9
GENDER						
Male	1525	94.5	5.5	1547	77.9	22.1
Female	2609	92.9	7.1	2617	85.7	14.3
AGE						
18-24	112	90.0	10.0	113	72.0	28.0
25-34	561	91.9	8.1	561	69.8	30.2
35-44	675	96.0	4.0	687	81.1	18.9
45-54	832	94.2	5.8	829	86.7	13.3
55-64	837	94.0	6.0	838	93.7	6.3
65+	1117	95.3	4.7	1136	95.8	4.2
RACE						
Caucasian	1950	89.0	11.0	1968	71.5	28.5
African American	1736	96.3	3.7	1742	91.0	9.0
Other	163	95.2	4.8	162	79.5	20.5
Hispanic	209	96.3	3.7	213	81.5	18.5
EDUCATION						
Less than High School	326	96.3	3.7	320	92.8	7.2
High School Graduate	644	96.8	3.2	652	88.0	12.0
Some College	623	94.4	5.6	634	85.7	14.3
College Graduate	2527	91.9	8.1	2544	77.1	22.9
INCOME						
Less than $15,000	351	94.7	5.3	355	89.6	10.4
$15,000-$24,999	401	95.0	5.0	398	87.7	12.3
$25,000-$34,999	272	97.9	2.1	276	88.7	11.3
$35,000-$49,999	405	94.1	5.9	408	79.9	20.1
$50,000-$74,999	470	93.5	6.5	471	77.5	22.5
$75,000+	1731	91.3	8.7	1739	76.4	23.6
WARD						
Ward 1	323	93.9	6.1	322	75.5	24.5
Ward 2	384	86.7	13.3	386	75.0	25.0
Ward 3	633	92.3	7.7	641	84.8	15.2
Ward 4	517	95.4	4.6	527	85.7	14.3
Ward 5	391	95.7	4.3	392	80.1	19.9
Ward 6	466	92.2	7.8	466	79.3	20.7
Ward 7	360	98.9	1.1	360	93.7	6.3
Ward 8	266	95.3	4.7	267	91.0	9.0

Alcohol Consumption

Table 31. Consumption of Alcohol In The Past 30 Days, By Demographics and Ward

"During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine a malt beverage or liquor?"

	N	Yes	No
TOTAL	4226	61.3	38.7
GENDER			
Male	1571	69.8	30.2
Female	2655	54.1	45.9
AGE			
18-24	118	60.1	39.9
25-34	570	74.2	25.8
35-44	691	64.9	35.1
45-54	852	58.5	41.5
55-64	849	58.0	42.0
65+	1146	40.6	59.4
RACE			
Caucasian	1992	85.5	14.5
African American	1770	45.4	54.6
Other	220	59.2	40.8
Hispanic	164	52.3	47.7
EDUCATION			
Less than High School	334	37.2	62.8
High School Graduate	658	38.6	61.4
Some College	641	53.2	46.8
College Graduate	2579	76.0	24.0
INCOME			
Less than $15,000	359	36.1	63.9
$15,000-$24,999	410	44.2	55.8
$25,000-$34,999	277	50.4	49.6
$35,000-$49,999	411	53.0	47.0
$50,000-$74,999	480	67.0	33.0
$75,000+	1752	80.1	19.9
WARD			
Ward 1	326	64.6	35.4
Ward 2	393	77.5	22.5
Ward 3	647	78.8	21.2
Ward 4	531	57.9	42.1
Ward 5	398	56.8	43.2
Ward 6	476	70.8	29.2
Ward 7	365	43.4	56.6
Ward 8	273	40.4	59.6

Alcohol Consumption

Table 32. Drinking and Driving, By Demographics and Ward

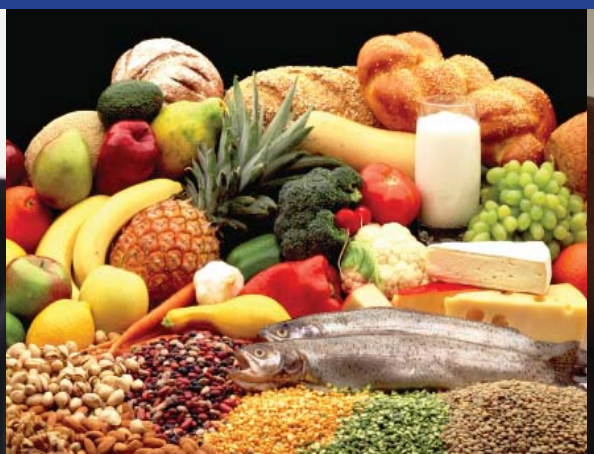
"During the past 30 days, how many times have you driven when you've had perhaps too much to drink?"
(non-drinkers, and adults who never drove or rode in a car are included as "none")

	N	None	1 time	2 times	3 times	4 times	5 or more times
TOTAL	2593	96.4	1.8	1.1	.1	.0	.5
GENDER							
Male	1108	95.9	1.9	1.4	.2	.0	.7
Female	1485	97.0	1.8	.7	.1	.0	.4
AGE							
18-24	77	93.4	.9	4.1	.0	.0	1.6
25-34	426	95.1	2.9	1.2	.2	.0	.6
35-44	466	97.5	1.8	.5	.2	.0	.0
45-54	526	96.7	1.4	.9	.0	.0	.9
55-64	532	98.5	.7	.4	.0	.1	.3
65+	566	98.6	1.0	.1	.2	.0	.2
RACE							
Caucasian	1632	96.3	2.2	.8	.3	.0	.4
African American	723	97.7	.8	.7	.0	.0	.9
Other	93	89.3	2.9	7.8	.0	.0	.0
Hispanic	103	98.9	1.1	.0	.0	.0	.0
EDUCATION							
Less than High School	79	100.0	0	0	0	0	0
High School Graduate	247	96.9	2.0	.6	0	0	.5
Some College	317	94.4	1.4	2.6	0	.1	1.5
College Graduate	1948	96.5	2.0	.9	.2	0	.4
INCOME							
Less than $15,000	108	99.2	0	0	0	.0	.8
$15,000-$24,999	151	96.3	1.0	2.0	0	.0	.7
$25,000-$34,999	113	96.2	2.7	1.1	0	.0	0
$35,000-$49,999	223	95.6	2.9	1.6	0	.0	0
$50,000-$74,999	327	97.4	1.8	.8	0	.0	0
$75,000+	1411	95.9	2.1	1.0	.2	.0	.8
WARD							
Ward 1	215	95.0	3.5	1.2	.0	.0	.3
Ward 2	299	96.3	1.2	2.2	.3	.1	.0
Ward 3	519	96.3	1.6	0.7	.5	.0	1.0
Ward 4	298	95.2	2.8	0.5	.0	.0	1.5
Ward 5	192	96.9	.9	1.4	.4	.0	.4
Ward 6	328	97.6	1.9	.1	.0	.0	.5
Ward 7	138	99.1	.9	.0	.0	.0	.0
Ward 8	103	97.7	1.6	.7	.0	.0	.0






Preventive Practices


Immunization

HEALTHY PEOPLE 2010 OBJECTIVES

- Increase the proportion of adults over age 65 that are vaccinated annually against influenza to 90%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 61%

- Increase the proportion of adults over age 65 that are vaccinated against pneumonia to 90%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 55%

Through the years, as a result of regulations, legislation, and media campaigns, many diseases have declined – and even disappeared – due to immunizations. Immunization against preventable diseases such as flu, pneumonia, meningitis, and hepatitis saves lives. In addition to saving lives, immunizations curb outbreaks of sometimes fatal diseases, and can be cost-effective when you consider missed time from work and school.

Unfortunately, while vaccination rates in the United States for children remain at an all-time high, disparities still persist between inner city versus suburban populations, in minority groups (blacks and Hispanics) versus whites, and among children living in poverty. [1] Presently, 90% or more of American children are being vaccinated; however, about 900,000 children under age 2 have not received vaccinations. [2] To this end, the Childhood Immunization Initiative was established to address the gaps in immunizations among young American children. This initiative addresses improvement in quality and quantity of immunization services, reducing vaccine costs for parents, increasing collaborative efforts between community members and establishments, improving the monitoring systems for diseases and vaccinations and improving vaccines and vaccine use. [3]

Persons who are elderly and have compromised immune systems are also encouraged to care for their overall health by obtaining vaccinations for influenza (flu) and pneumonia. The Robert Wood Johnson Foundation reports results of a study that indicated that deaths among the elderly would be reduced if African Americans and Hispanics received the flu vaccination at the rates that whites do. The report indicates that 46% of elderly African Americans and 55% of Hispanics over age 65 years receive vaccinations. Sixty-seven percent (67%) of whites over 65 years receive the flu vaccination. [4]
Death by influenza and pneumonia was listed as the 10th leading cause of death for District of Columbia residents in 2007 and was listed as the 8th leading cause of death nationwide in 2007. [5,6]

District of Columbia & National Trends

The percentage of District of Columbia respondents age 65 years and older who had a flu shot in the last 12 months was 61%, slightly higher than last year, and 55% of respondents 65 years and older indicated that they had a pneumonia vaccination during their lifetime. By national standards, the prevalence rate for respondents 65 years and older who have had a flu shot in the last 12 months is 71%, and for persons 65 years and older who had ever had a pneumonia vaccination is 67%. Figure 26

Figure 26. Percentage of Adults 65 Years and Older Receiving Immunizations

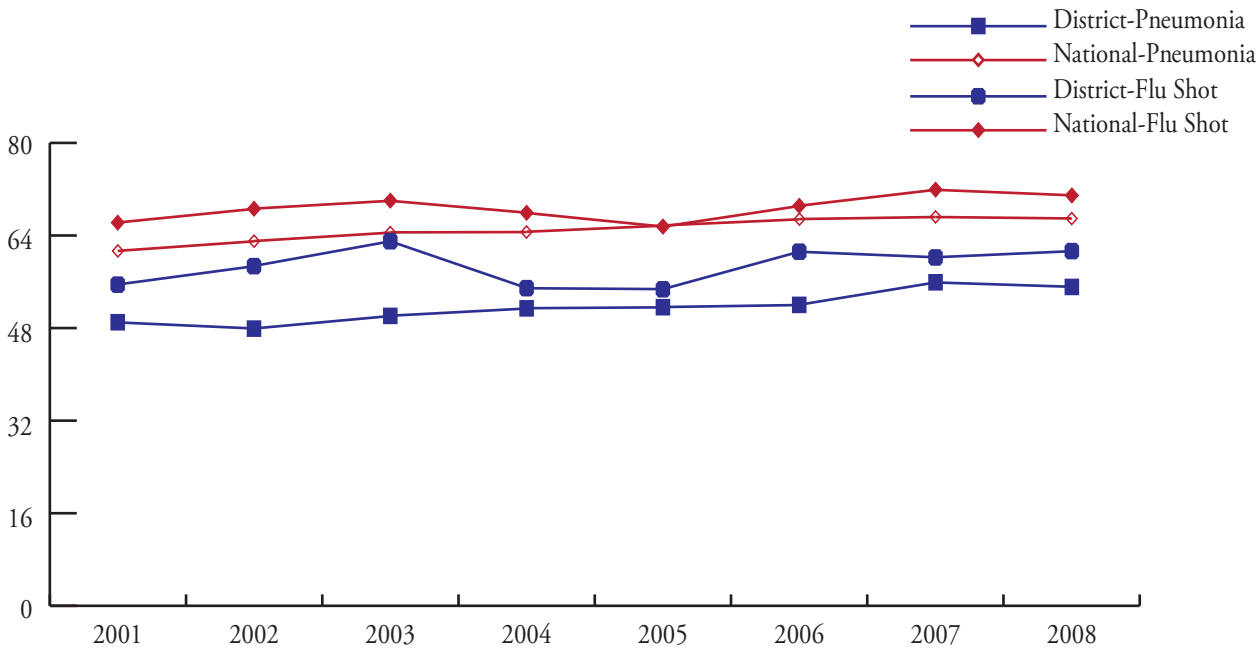


Table 33: Adult Influenza and Pneumococcal Immunization Rate

- Of all respondents, 38% indicated they received a flu shot within the past year, and 21% indicated they had received a pneumonia vaccine. Less than 1% had received the Flu Spray within the past year. Both males and females equally (38%) had received the flu shot and Flu Spray (1%) within the past year, while males (21%) were slightly more likely than females (20%) to have obtained the pneumonia vaccine.

- Respondents age 65 years and older ranked highest (61%) at receiving the flu shot within the past year and as having received the pneumonia vaccine (55%). Caucasians were more likely to receive the flu shot (44%) while all races equally (except those whose race was specified as "other") at 1% received the Flu Spray. African Americans ranked highest (25%) at receiving the pneumonia vaccine while Hispanics ranked lowest at 12%.

- Respondents living in Ward 3 were more likely to receive the flu shot within the past year (50%). Residents of Wards 3, 6, 7, and 8 were equally as likely to received the Flu Spray (1%). Residents in Ward 7 were more likely to receive the pneumonia vaccine – although slightly – at 28%. Ranked lowest were respondents in Ward 1 at 14%.

Trend Comparisons of other cities with like demographics:

The District of Columbia's 2008 prevalence rates for influenza and pneumococcal vaccinations for adults aged 65 years and older were compared to Baltimore (MD) and Detroit (MI). District residents were more likely to receive both the flu (61.3%) and the pneumonia (55.1%) vaccines. By comparison, Detroit ranked second for flu (54.3%) and last for pneumonia (46.8%) vaccination rates, whereas Baltimore ranked last for flu (42.8%) and second for pneumonia (53.2%). Figure 27 and 28

Figure 27. Adult Repondents 65+ and Older who have had a Flu Shot by City

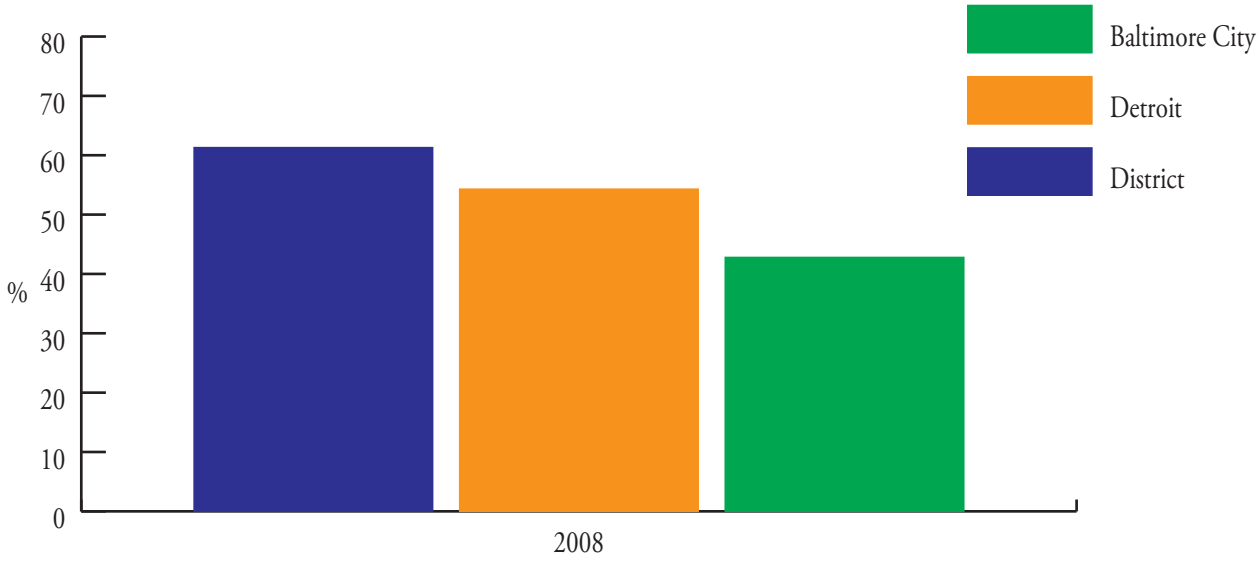
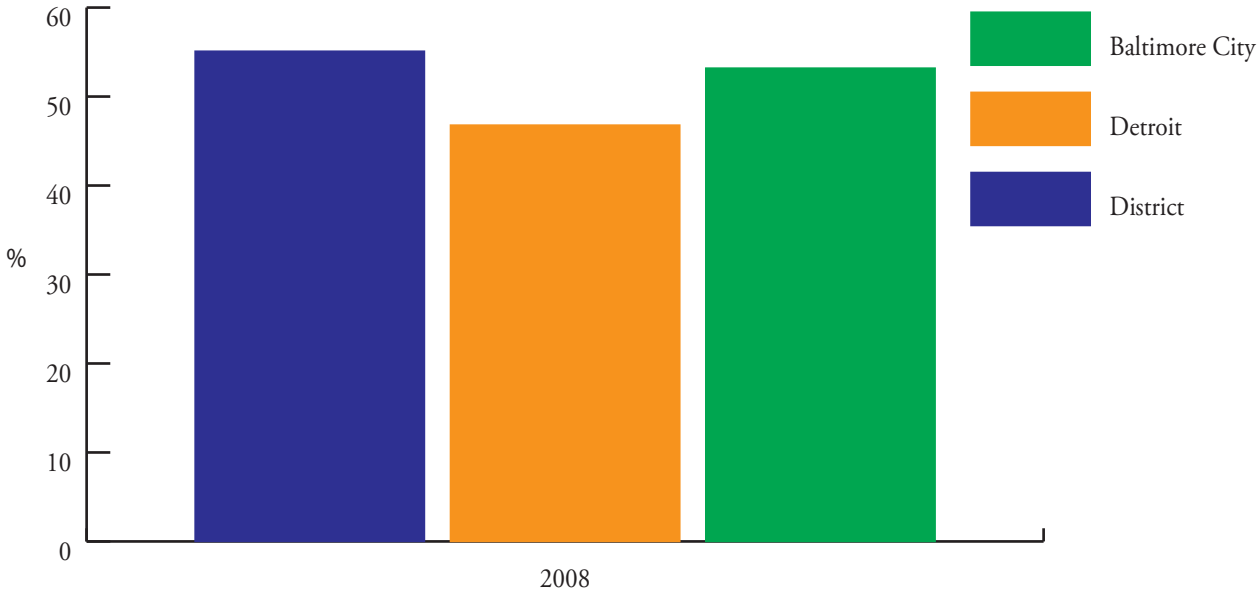


Figure 28. Adult Respondents 65+ who have had a Pnuemonia Vaccination by City



References:
[1-3.] Szilagyi, P.G., Schaffer, S., Shone, L., Barth, R., Humiston, S.G., Sandler, M. & Rodewald, L. (2002). Reducing geographic, racial, and ethnic disparities in childhood immunization rates by using reminder/recall interventions in urban primary care practices. Pediatrics, 110(5), e58-e65. Robert Wood Johnson Foundation. (July 1, 2007).
[4.] Impact of influenza vaccination disparities on elderly mortality in the United States. Retrieved on October 23, 2009 from http://www.rwjf.org/qualityequality/product.jsp?id=23620&print=true&referer=http://www.rwjf.org/qualityequality/product.jsp?id=23620.
[5.] District of Columbia Department of Health, Center for Policy, Planning, and Epidemiology, State Center for Health Statistics. (2009). 2007 Mortality Report.
[6.] Centers for Disease Control and Prevention. (2009). Morbidity and Mortality Weekly Report, QuickStats: Age-Adjusted Death Rates for the 10 Leading Causes of Death – National Vital Statistics System, United States, 2006 and 2007, 58(46), 1303. Retrieved on October 21, 2009 from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5846a5.htm

Immunization

Table 33. Adult Influenza and Pneumococcal Immunization Rate, By Demographics and Ward

" A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot?" "The flu vaccine that is sprayed in the nose is also called FluMistTM. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?" and "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

		Flu Shot within Past Year		Flu Spray within past year		Had Pneumonia Vaccine
	N	Yes	N	Yes	N	Yes
TOTAL	4204	38.2	4208	.9	3813	20.5
GENDER						
Male	1558	38.1	1557	1.2	1374	21.3
Female	2646	38.3	2651	.7	2439	19.7
AGE						
18-24	117	32.4	117	.9	98	15.2
25-34	568	28.1	569	1.2	487	8.6
35-44	686	32.1	688	1.3	581	11.2
45-54	846	36.5	846	1.1	779	16.0
55-64	845	46.6	847	.3	782	21.5
65+	1142	61.3	1141	.3	1086	55.1
RACE						
Caucasian	1983	43.9	1989	1.2	1759	18.2
African American	1763	37.0	1760	.8	1647	24.5
Other	162	34.1	162	.0	144	16.9
Hispanic	218	27.6	218	1.0	189	11.5
EDUCATION						
Less than High School	325	36.6	325	.7	308	24.5
High School Graduate	655	37.7	656	2.3	620	22.4
Some College	640	34.4	641	.2	590	25.9
College Graduate	2571	39.6	2573	.7	2282	17.4
INCOME						
Less than $15,000	355	35.1	356	.4	328	24.1
$15,000-$24,999	403	33.9	405	.8	381	20.0
$25,000-$34,999	277	42.5	275	.1	255	22.2
$35,000-$49,999	410	36.8	410	1.2	379	27.3
$50,000-$74,999	480	31.7	480	1.7	434	21.4
$75,000+	1746	40.8	1747	.7	1543	14.5
WARD						
Ward 1	325	33.9	324	.3	287	13.6
Ward 2	390	43.8	390	.3	350	27.2
Ward 3	647	50.0	649	1.2	584	23.1
Ward 4	533	40.2	531	.4	497	26.2
Ward 5	397	35.8	396	.4	361	26.0
Ward 6	474	46.1	476	.8	426	15.8
Ward 7	363	34.1	364	.7	346	27.6
Ward 8	271	37.3	271	1.0	257	16.9

Seatbelt Use

HEALTHY PEOPLE 2010 OBJECTIVES

- Increase the use of safety belts to 92%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE IS 89%

Aside from other mechanics that aide in the safety and functioning of vehicles, seat belts are the most effective ways of saving lives while in vehicles.

According to the U.S. Department of Transportation's National Highway Traffic Safety Administration, the "Click It or Ticket" initiative has been the most successful seat belt enforcement campaign ever. In 2008, the NHTSA's National Center for Statistics and Analysis conducted a survey which concluded that sixteen states had 90% or higher usage rates. Nationally, seatbelt use was 94% in 2008. This same survey indicates that seat belt usage in the District of Columbia has steadily increased since 2001 from almost 84% to 90%.

In the NHTSA's report findings indicated that seat belt usage was lower among Blacks (75%) in comparison with whites (83%) and other races (88%). Additionally, females were more likely to use seat belts (86%) than males (79%). Seatbelt usage was higher in adults age 70 and older (88%) than any other age group. (This number increased by 3% from 2006.) Adults 16-24 years old had the lowest seat belt usage at 77% although this number increased slightly (by 1%) from 2006. Interestingly, when there were no passengers in the vehicles, seat belt usage was at 82% (a decline of 1% from 2006); with one passenger, seat belt usage was 86% (a 1% decline as well from 2006).

Geographically, the National Occupant Protection Use Survey of 2006 indicated that seat belt usage was higher in the West (90%) than any other region. (Usage in the South was second at 83%, the Midwest at 77% and the Northeast at 74%.) Seatbelt usage by motorists was lower in rural areas (78%) than any other area (suburban was highest at 84% and urban areas were slightly higher than rural areas at 79%). Finally, the report indicates that seat belt usage among motorists traveling during weekends was minimally higher at 82% than on weekdays at 81%. Seatbelt usage during rush hour times during the weekdays was at 83% and 80% during non-rush hour times.

District of Columbia

District of Columbia respondents were asked "How often do you use seatbelts when you drive or ride in a car?", and were given the options "Always; Nearly Always; Sometimes; Seldom; Never".

Table 34: Seatbelt Use

When asked how often seatbelts are used when driving or riding in a car, 89% of all respondents answered "always". Females (91%) were more likely than males (86%) to always use seatbelts.

- Ninety-one percent (91%) of adults aged 35-44 years old, 45-54 years old, and 65 years old and older indicated they always use seatbelts when driving or riding in a car. Caucasians and adults with annual household incomes greater than $75,000 ranked highest (91% each) followed closely by adults specifying their race as "other" and college graduates (90% each). Finally, 92% of residents in Ward 7 were more likely to always use seatbelts followed by residents in Ward 1 (90%).

References:
1. U.S. Department of Transportation. National Highway Traffic and Safety Administration. Center for Statistics and Analysis. (2009). Seat belt use in 2008 – use rates in the States and Territories. DOT HS 811 106.
2. Glassbrenner, D. & Ye, J. (2006). Seat belt use in 2006 – overall results. U.S. Department of Transportation. National Highway Traffic and Safety Administration. Center for Statistics and Analysis. DOT HS 810 677.

[3] Ye, T.J. & Pickrell, T. (2008). Seat belt use in 2007 – demographic results. U.S. Department of Transportation. National Highway Traffic and Safety Administration. Center for Statistics and Analysis. DOT HS 810 932.

Seatbelt Use

Table 34. Seatbelt Use, By Demographics and Ward *"How often do you use seat belts when you drive or ride in a car?"*			
	N	Always	Don't always wear seat belt
TOTAL	4194	88.9	11.1
GENDER			
Male	1550	86.1	13.9
Female	2644	91.2	8.8
AGE			
18-24	117	79.3	20.7
25-34	568	87.8	12.2
35-44	687	91.1	8.9
45-54	845	90.8	9.2
55-64	844	89.6	10.4
65+	1133	90.9	9.1
RACE			
Caucasian	1984	91.2	8.8
African American	1753	87.1	12.9
Other	163	89.8	10.2
Hispanic	218	86.5	13.5
EDUCATION			
Less than High School	320	88.2	11.8
High School Graduate	656	87.0	13.0
Some College	635	87.8	12.2
College Graduate	2571	90.1	9.9
INCOME			
Less than $15,000	356	89.1	10.9
$15,000-$24,999	404	88.6	11.4
$25,000-$34,999	273	82.4	17.6
$35,000-$49,999	407	86.5	13.5
$50,000-$74,999	478	91.2	8.8
$75,000+	1744	90.5	9.5
WARD			
Ward 1	323	89.6	10.4
Ward 2	389	89.3	10.7
Ward 3	648	89.3	10.7
Ward 4	533	89.0	11.0
Ward 5	393	86.6	13.4
Ward 6	475	88.9	11.1
Ward 7	361	91.7	8.3
Ward 8	269	85.6	14.4

Women's Health

HEALTHY PEOPLE 2010 OBJECTIVES

- Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years to 70%.
  DISTRICT GOAL MET: CURRENT PERCENTAGE IS 80%
- Increase the proportion of women aged 18 years and older who have ever received a Pap test to 97%.
  DISTRICT GOAL NOT MET: current percentage is 95%
- Increase the proportion of women aged 18 years and older who received a Pap test within the preceding 3 years to 90%.
  DISTRICT GOAL MET: CURRENT PERCENTAGE IS 91%

Health specific to women is a myriad of issues. Birth defects, sexual behaviors as youth and teens, breast and cervical cancers, preventive measures, menopause and falls are only a few of the focal points aimed at impacting the health of women and reducing associated risks.

General health screenings for cardiovascular disease, diabetes, cancer, and osteoporosis are all recommended for women in order to reduce chances of developing conditions or diseases. Breast and ovarian cancer have received even greater attention within the last several years resulting from ongoing research which has identified the role of genetics in early diagnosis.

Women are encouraged to be proactive in maintaining good health by having health screenings at recommended ages and frequencies. Mammograms (x-rays of the breasts) are used to check for signs and/or symptoms of cancer. Aside from breast self-exams and clinical exams, mammograms should be administered beginning at age 40 every 1-2 years unless one is at a higher risk for breast cancer. Pap tests (screenings that check for abnormal or unhealthy cells in the cervix that may lead to cervical cancer) are recommended by health professionals at age 18 or before if sexually active. Lastly, hysterectomies – although not screenings – are a final option for many disorders including uterine, cervical, or endometrial cancers, fibroids, endometriosis, and abnormal pain or bleeding. Hysterectomies can be radical, total, or partial, removing all or parts of the female anatomy (uterus, cervix, and surrounding tissues).

District of Columbia & National Trends

Relative to the District of Columbia, 80% of all female respondents age 40 years and older reported they had received a mammogram within the past two years. Eighty-four percent (84%) of women age 50 years and older reported they had a mammogram within the past three years and almost 89% of women ages 18 years and older had reported they had a Pap test in three years. In comparison to the national averages (76%, 83%, and 79% respectively), the District of Columbia was higher in all categories. Figure 29

Figure 29. Percemtage of Women Having Health Screenings

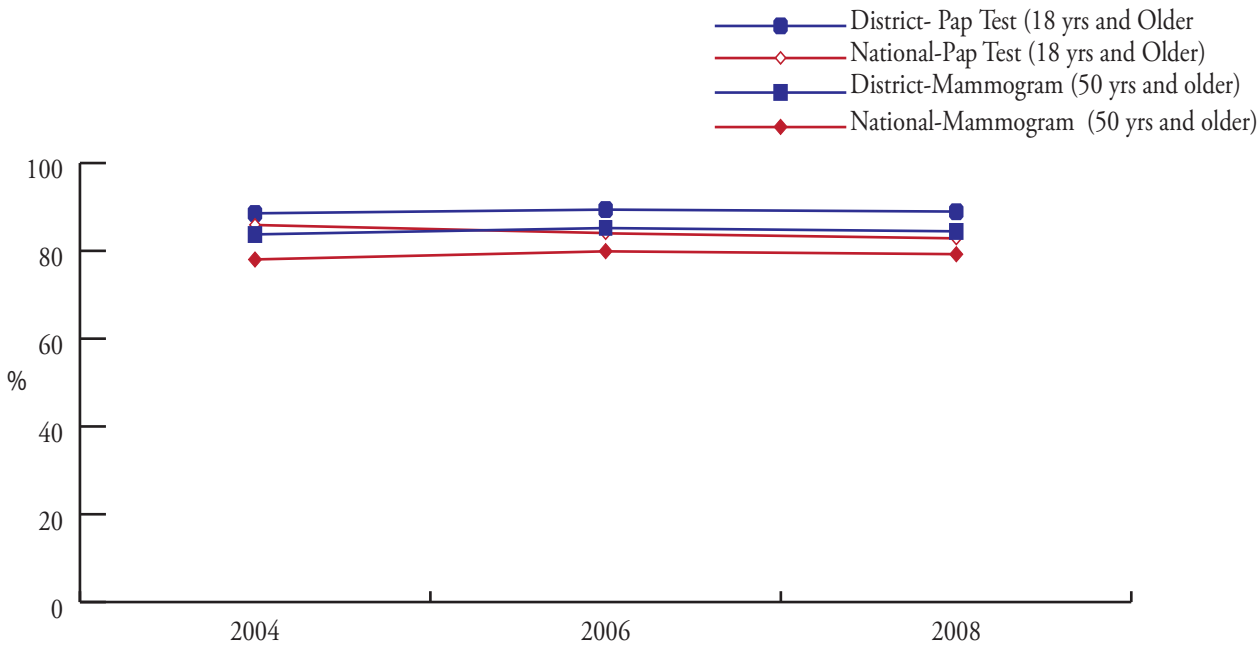


Table 35: Having Mammogram

- Sixty-one percent (61%) of all female respondents indicated they have had a mammogram. Women aged 55-65 years old were more likely to have a mammogram than any other age group. African Americans (69%) and high school graduates (71%) were more likely than other races and those with educational status to have had a mammogram. Respondents with an annual household income less than $15,000 and those with household income between $25,000 and $34,999 were more likely than women of any other socioeconomic strata represented to have had a mammogram at 63%.

- Female respondents who reside in Ward 4 (74%) were more likely than any of ward to have a mammogram. Females in Ward 1 were less likely to have a mammogram at 53%.

Table 36: Time Since Last Mammogram

- Sixty-seven percent (67%) of females surveyed (ages 25 years and older) had received a mammogram within the past year of being surveyed. Females ages 55-64 were more likely than any other age group to have had a mammogram.

- Hispanic women (69%) were more likely to have a mammogram within the past year followed closely by Caucasians (68%) and African Americans (67%).

- Females who reside in Ward 6 (72%) were more likely than residents of any other ward to receive mammograms within the past year.

Table 37: Conducting Clinical Breast Exams and Table 38: Time Since Last Clinical Breast Exam

- All in all, over 90% of all races except those who are identified as "other" had clinical breast exams. (Females identified as "other" had the lowest rate of receiving clinical breast exams at 76%). Further, 77% of all respondents indicated that they had received a clinical breast exam within the past year of being surveyed.

- Women ages 25-34 years old (78%) and Hispanics (82%) had the highest rate of receiving clinical breast exams within the past year. High school graduates (79%) were more likely than others with varied education levels to receive clinical breast exams within the past year of being surveyed.

- Residents of Ward 3 were the highest recipients of clinical breast exams (98%) while residents of Wards 1 and 7 had the lowest at 91%. However, residents of Ward 2 reported having the highest receipt of clinical breast exams within the past year (81%), whereas residents of Ward 1 (73%) reported having the lowest receipt of clinical breast exams within the past year of being surveyed.

Table 39: Administering Pap Test

- Ninety-five percent (95%) of all women surveyed indicated they had received a Pap test. However, only 69% of women indicated they had a Pap test within the past year.

- Women ages 55-64 years old (98%) and Caucasians (97%) were more likely to receive the Pap test than women in any other age group and of any other race. College graduates (97%) and women with household income over $75,000 (99%) were also more likely to have Pap tests than all other women with educational and socioeconomic attainment.

- Women in Ward 2 (100%) were more likely to receive a Pap test than women in any other ward.

Table 40: Time Since Last Pap Test

- Women ages 25-34 years old (81%) and Hispanic women (79%) reported receiving a Pap test within the past year of being surveyed than women of any other age or race.

- College graduates (71%) and women with household income over $75,000 (74%) were also more likely to have Pap tests within the past year of being surveyed than women with any other educational and socioeconomic success.

- Seventy-six percent (76%) of residents of Wards 2 and 8 were more likely to have Pap tests within the past year than residents of any other ward.

Table 41: Having Had a Hysterectomy

- Fourteen percent (14%) of all women responding to the survey indicated they had a hysterectomy performed. Ranked highest were women aged 65 years and older (36%), African Americans (21%), those with less than a high school education (24%), and those whose household income was less than $15,000 per year (21%).

- Residents of Ward 7 were more likely to have had a hysterectomy (24%) followed by residents of Ward 4 at nearly 20%. Residents of Ward 1 were less likely to have had a hysterectomy at almost 9%.

References:

1. U.S. Department of Health and Human Services. (2004). Child health 2004. U.S. Department of Health and Human Services, health status, low birth weight. Retrieved on October 15, 2009 from http://mchb.hrsa.gov/mchirc/chusa_04/pages/0403lbw.htm.

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3. Centers for Disease Control and Prevention, (2006). Understanding intimate partner violence fact sheet, 2006. Centers for Disease Control and Prevention, Violence Prevention, Intimate Partner Violence. Retrieved on October 15, 2009 from http://www.cdc.gov/violenceprevention/pdf/IPV-FactSheet.pdf.

Table 35. Having Mammogram, By Demographics and Ward

"A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?"

	N	Yes	No
TOTAL	2636	60.5	39.5
AGE			
18-24	66	15.0	85.0
25-34	350	17.7	82.3
35-44	424	56.7	43.3
45-54	528	93.0	7.0
55-64	537	97.5	2.5
65+	731	96.2	3.8
RACE			
Caucasian	1127	54.4	45.6
African American	1229	69.3	30.7
Other	133	49.4	50.6
Hispanic	108	41.0	59.0
EDUCATION			
Less than High School	217	63.2	36.8
High School Graduate	459	71.2	28.8
Some College	428	61.7	38.3
College Graduate	1524	56.0	44.0
INCOME			
Less than $15,000	263	62.9	37.1
$15,000-$24,999	261	61.8	38.2
$25,000-$34,999	188	63.4	36.6
$35,000-$49,999	271	62.3	37.7
$50,000-$74,999	318	54.8	45.2
$75,000+	965	58.7	41.3
WARD			
Ward 1	206	53.3	46.7
Ward 2	227	62.3	37.7
Ward 3	393	70.4	29.6
Ward 4	355	74.6	25.4
Ward 5	248	67.9	32.1
Ward 6	283	54.4	45.6
Ward 7	265	71.9	28.1
Ward 8	194	63.5	36.5

Table 36. Time Since Last Mammogram, By Demographics and Ward
"How long has it been since you had your last mammogram?"

	N	Within past year	Within past 2 years	Within the past 3 years	Within past 5 years	5 or more years ago
TOTAL	2014	66.6	18.2	6.9	3.1	5.2
AGE						
25-34	60	67.7	12.1	9.5	4.4	6.3
35-44	249	53.1	21.0	12.8	4.1	9.0
45-54	438	68.4	18.0	7.7	2.8	3.0
55-64	515	67.1	18.7	5.2	3.2	5.9
65+	687	70.9	18.9	3.3	2.6	4.3
RACE						
Caucasian	878	68.2	17.1	6.0	4.8	3.8
African American	961	67.1	18.2	6.6	2.5	5.6
Other	70	45.0	29.3	15.6	2.0	8.2
Hispanic	78	69.4	17.3	5.2	1.0	7.0
EDUCATION						
Less than High School	167	66.6	23.6	2.6	2.8	4.4
High School Graduate	362	68.2	18.3	6.0	2.0	5.5
Some College	330	66.8	17.8	8.5	2.7	4.2
College Graduate	1149	65.9	17.3	7.6	3.8	5.4
INCOME						
Less than $15,000	206	64.0	23.0	4.9	2.5	5.6
$15,000-$24,999	196	71.1	14.8	5.5	3.6	5.0
$25,000-$34,999	137	60.4	21.7	7.7	2.2	8.1
$35,000-$49,999	209	64.5	24.3	6.1	2.8	2.3
$50,000-$74,999	225	74.3	12.8	4.7	3.6	4.5
$75,000+	755	66.5	16.6	8.7	3.4	4.8
WARD						
Ward 1	146	61.6	18.5	11.6	4.9	3.3
Ward 2	187	58.0	26.5	6.4	3.6	5.5
Ward 3	329	70.9	15.2	4.8	5.2	3.9
Ward 4	303	66.6	21.1	6.7	2.5	3.2
Ward 5	198	64.5	17.8	6.9	2.7	8.2
Ward 6	212	71.9	16.8	5.2	2.8	3.3
Ward 7	207	69.4	14.6	7.0	2.5	6.5
Ward 8	145	67.8	14.9	8.3	2.1	7.0

Table 37. Conducting Clinical Breast Exams, By Demographics and Ward

"A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?"

	N	Yes	No
TOTAL	2620	92.1	7.9
AGE			
18-24	67	84.8	15.2
25-34	348	90.1	9.9
35-44	422	95.2	4.8
45-54	524	95.0	5.0
55-64	536	96.0	4.0
65+	723	89.8	10.2
RACE			
Caucasian	1124	95.9	4.1
African American	1217	92.4	7.6
Other	133	76.2	23.8
Hispanic	108	91.2	8.8
EDUCATION			
Less than High School	213	79.6	20.4
High School Graduate	452	88.1	11.9
Some College	425	94.9	5.1
College Graduate	1522	95.1	4.9
INCOME			
Less than $15,000	260	84.5	15.5
$15,000-$24,999	261	84.9	15.1
$25,000-$34,999	186	90.9	9.1
$35,000-$49,999	270	91.1	8.9
$50,000-$74,999	317	96.8	3.2
$75,000+	963	97.5	2.5
WARD			
Ward 1	205	91.2	8.8
Ward 2	227	96.6	3.4
Ward 3	391	98.4	1.6
Ward 4	353	95.7	4.3
Ward 5	245	93.7	6.3
Ward 6	283	96.9	3.1
Ward 7	263	91.3	8.7
Ward 8	190	95.8	4.2

Table 38. Time Since Last Clinical Breast Exam, By Demographics and Ward
"How long has it been since you had your last clinical breast exam?"

	N	Within the past year	Within the past 2 years	Within the past 3 years	Within the past 5 years	5 or More
TOTAL	2419	77.1	15.1	3.3	2.0	2.5
AGE						
18-24	56	72.6	19.2	.9	3.6	3.8
25-34	315	79.7	14.8	2.4	1.3	1.8
35-44	405	76.6	15.7	4.4	2.6	0.8
45-54	496	77.9	14.8	2.7	2.1	2.5
55-64	507	74.0	15.7	4.8	2.2	3.3
65+	640	76.8	13.2	3.9	1.8	4.4
RACE						
Caucasian	1072	78.7	13.5	3.0	1.5	3.3
African American	1108	76.6	15.8	3.3	2.2	2.0
Other	99	66.7	26.1	3.1	2.1	2.0
Hispanic	106	82.4	9.8	2.2	3.1	2.5
EDUCATION						
Less than High School	169	76.2	14.6	3.5	2.4	3.3
High School Graduate	397	79.0	14.6	2.1	2.6	1.6
Some College	395	72.1	16.9	4.7	2.5	3.8
College Graduate	1454	78.2	14.8	3.2	1.6	2.2
INCOME						
Less than $15,000	225	67.7	20.9	4.5	3.6	3.3
$15,000-$24,999	227	79.3	13.4	2.1	1.5	3.7
$25,000-$34,999	166	78.8	13.8	3.8	2.6	.9
$35,000-$49,999	248	71.9	19.0	2.3	5.0	1.7
$50,000-$74,999	306	79.6	11.7	2.9	2.9	2.9
$75,000+	947	80.7	13.9	3.0	.8	1.6
WARD						
Ward 1	193	72.6	17.9	3.3	5.2	.9
Ward 2	219	81.0	12.8	3.5	0.7	1.9
Ward 3	373	78.9	8.9	4.9	5.1	2.1
Ward 4	337	79.6	12.6	4.4	0.8	2.5
Ward 5	227	75.4	17.0	1.7	1.6	4.3
Ward 6	268	77.8	17.6	1.4	1.9	1.3
Ward 7	234	80.4	13.3	2.9	2.3	1.0
Ward 8	175	75.4	18.2	3.0	.2	3.2

Table 39. Administering Pap Test, By Demographics and Ward

"A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?"

	N	Yes	No
TOTAL	2620	95.2	4.8
AGE			
18-24	66	85.9	14.1
25-34	349	94.8	5.2
35-44	423	96.0	4.0
45-54	526	97.1	2.9
55-64	537	98.4	1.6
65+	719	94.3	5.7
RACE			
Caucasian	1123	97.0	3.0
African American	1219	95.0	5.0
Other	131	89.1	10.9
Hispanic	108	92.9	7.1
EDUCATION			
Less than High School	211	88.2	11.8
High School Graduate	457	95.5	4.5
Some College	425	94.7	5.3
College Graduate	1519	96.5	3.5
INCOME			
Less than $15,000	262	90.8	9.2
$15,000-$24,999	261	93.1	6.9
$25,000-$34,999	186	92.2	7.8
$35,000-$49,999	271	95.8	4.2
$50,000-$74,999	316	97.1	2.9
$75,000+	963	98.7	1.3
WARD			
Ward 1	204	95.8	4.2
Ward 2	228	99.7	.3
Ward 3	391	98.5	1.5
Ward 4	354	98.1	1.9
Ward 5	246	93.9	6.1
Ward 6	281	98.4	1.6
Ward 7	264	96.5	3.5
Ward 8	192	97.5	2.5

Table 40. Time Since Last Pap Test, By Demographics and Ward
"How long has it been since you had your last Pap test?"

	N	Within the past year	Within the past 2 years	Within the past 3 years	Within the past 5 years	5 or more years ago
TOTAL	2472	68.8	16.0	5.7	2.9	6.5
AGE						
18-24	55	80.3	13.5	3.6	2.6	.0
25-34	328	81.6	12.7	3.3	1.0	1.5
35-44	407	73.2	19.7	3.4	1.1	2.6
45-54	508	68.4	14.8	6.8	3.8	6.3
55-64	519	58.6	18.6	9.9	4.6	8.3
65+	655	46.4	18.2	8.4	6.2	20.8
RACE						
Caucasian	1079	70.3	15.5	5.6	2.6	6.1
African American	1142	66.3	17.4	6.0	3.4	6.8
Other	99	73.5	13.1	6.0	1.1	6.3
Hispanic	118	78.7	13.2	1.2	2.1	4.8
EDUCATION						
Less than High School	183	64.9	14.8	4.9	5.0	10.4
High School Graduate	421	70.4	14.0	6.2	2.9	6.5
Some College	401	63.1	19.5	6.1	4.1	7.2
College Graduate	1461	70.5	15.9	5.5	2.2	5.8
INCOME						
Less than $15,000	237	59.2	18.2	7.4	5.1	10.0
$15,000-$24,999	239	69.8	14.1	4.7	2.6	8.8
$25,000-$34,999	170	70.1	16.7	5.0	2.7	5.6
$35,000-$49,999	259	59.4	24.4	3.9	5.2	7.1
$50,000-$74,999	303	72.5	13.5	4.5	3.4	6.1
$75,000+	949	73.9	15.4	5.5	1.6	3.6
WARD						
Ward 1	197	67.0	19.2	3.2	5.0	5.5
Ward 2	220	75.5	10.9	6.4	1.5	5.7
Ward 3	380	68.0	12.2	5.6	4.9	9.3
Ward 4	343	64.7	16.2	7.8	3.3	8.1
Ward 5	229	64.6	15.9	5.9	4.0	9.6
Ward 6	268	73.3	15.7	4.9	1.5	4.6
Ward 7	249	66.5	18.5	7.5	2.6	4.9
Ward 8	185	76.1	11.1	5.6	1.8	5.5

Table 41. Having Had A Hysterectomy, By Demographics and Ward
"Have you had a hysterectomy?"

	N	Yes	No
TOTAL	2572	13.9	86.1
AGE			
18-24	62	.0	100.0
25-34	328	.5	99.5
35-44	404	4.0	96.0
45-54	522	18.1	81.9
55-64	536	26.2	73.8
65+	720	36.1	63.9
RACE			
Caucasian	1101	7.1	92.9
African American	1197	21.1	78.9
Other	105	7.0	93.0
Hispanic	132	4.1	95.9
EDUCATION			
Less than High School	206	24.0	76.0
High School Graduate	451	19.4	80.6
Some College	419	16.9	83.1
College Graduate	1488	9.3	90.7
INCOME			
Less than $15,000	250	20.5	79.5
$15,000-$24,999	257	14.1	85.9
$25,000-$34,999	184	17.4	82.6
$35,000-$49,999	270	16.0	84.0
$50,000-$74,999	316	11.4	88.6
$75,000+	937	9.3	90.7
WARD			
Ward 1	201	8.7	91.3
Ward 2	221	10.3	89.7
Ward 3	387	9.7	90.3
Ward 4	346	19.5	80.5
Ward 5	242	19.2	80.8
Ward 6	277	14.4	85.6
Ward 7	252	23.5	76.5
Ward 8	190	17.6	82.4

Prostate Cancer

Prostate cancer is the most common cancer among men of all races, and the second leading cause of death for men in all age groups. It is estimated that over 185,000 men in the United States alone developed prostate cancer, and nearly 29,000 men died from prostate cancer in 2005.[1] The American Cancer Society indicates that 2 out of 3 men are diagnosed with prostate cancer after age 65. (As a man ages, his risk for prostate cancer increases.) In 2009 alone, it is estimated that over 192,000 men will be diagnosed with prostate cancer and more than 27,000 will die from prostate cancer. [2]

While there is no exact cause of prostate cancer; it is not possible to prevent most cases of the disease. However with screenings such as the PSA (Prostate Specific Antigen) found in the blood and the DRE (digital rectal exam) found early prostate cancer is treatable and curable. [3] Early detection is vital in diagnosing prostate cancer. Men are encouraged, beginning at age 45, to obtain digital rectal exams with a fecal occult blood test and a PSA blood test from their physician.

District of Columbia Trends

When asked if they had ever had a PSA test, 71% of all men responded affirmatively. Nearly 62% (ages 40 years and older) responded that they had a PSA within the past two years. The national average was 55%. Figure 30

Figure 30. Percemtage of Men Aged 40+ who have had a PSA Test Within the Past Two Years

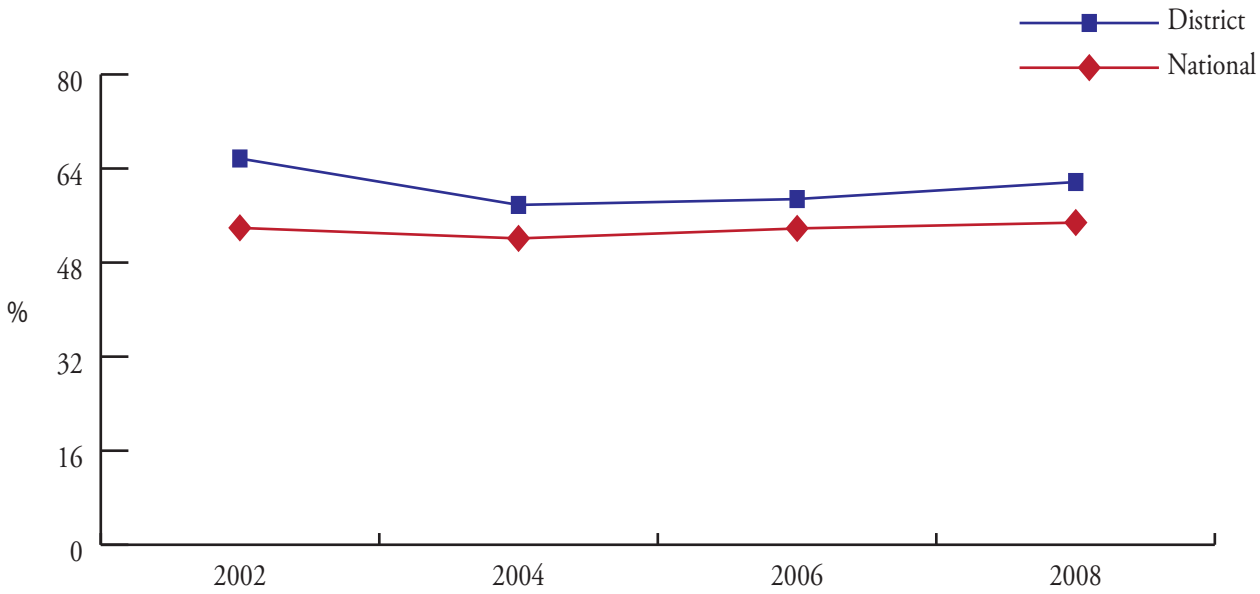


Table 42: Administering PSA Test Table 43: Time Since Last Digital Rectal Exam, and Table 44: Prevalence of Having Prostate Cancer

- Six percent (6%) of men reported they had been diagnosed with prostate cancer. African American men (8.4%) were twice as likely as Caucasians (4.1%) to have been diagnosed by a health professional with prostate cancer. Residents of Wards 7 and 8 ranked highest (11% and 12% respectively) as having been told they had prostate cancer. These numbers are eleven times higher than residents of Ward 1.

Prostate Cancer

Table 45: Time Since Last PSA Test,

- Sixty-nine percent, (69%) of all respondents indicated they had a PSA test within the past year. Seventy-one percent (71%) of men ages 35-44 years old who responded to the survey indicated they have had a PSA test.

- African Americans (75%) and men 65 years and older (93%) were more likely, by age and race, to have had a PSA test and to have had a PSA test within the past year (78% and 70% respectively). Adults with some college and college graduates (75% respectively) were more likely to have had a PSA test while men with less than a high school education were more likely to have had a PSA test within the past year. Men with household income between $25,000 and $34,999 were more likely to have had a PSA test than others, while men (87%) with household income between $50,000 and $74,999 ranked first as having had a PSA test within the past year.

- Residents of Ward 7 (80%) were more likely to have had a PSA test than residents in any other ward. Residents of Ward 4 (74%) were more likely to have had a PSA test within the past year than residents of any other ward.

Table 46: Having Digital Rectal Exams

- Eighty-one percent (81%) of respondents between the ages of 35 years old and above reported they had a digital rectal exam performed. Sixty percent (60%) indicated they had received a digital rectal exam within the past year.

- Caucasian (87%), men ages 55 years old and older (93%), college graduates (83%), and those with household income between $50,000 and $74,999 (89%) were more likely to receive a digital rectal exam than any other by race, age, educational and socioeconomic status. Conversely, African Americans (62%), men age 65 years old and older (70%), those with less than a high school education (63%), and those with household income between $50,000 and $74,999 (76%) ranked highest as receiving digital rectal exams within the past year more so than others by race, age, education and household income.

- Residents of Ward 7 (91%) were more likely to reported having had a digital rectal exam as within the past year (65%) more than residents in any other ward.

References:

[1,2.] The Centers for Disease Control and Prevention. (2009). Prostate cancer. Fast facts about prostate cancer. Retrieved on October 20, 2009 from http://www.cdc.gov/cancer/prostate/basic_info/fast_facts.htm.

[3.] American Cancer Society. (2009). Detailed guide: Prostate cancer: What are the risk factors for prostate cancer?. Retrieved on October 20, 2009 from http://www.cancer.org/docroot/CRI/content/CRI_2_4_2x_What_are_the_risk_factors_for_prostate_cancer_36.asp.

Prostate Cancer

Table 42. Administering PSA Test, By Demographics and Ward

"A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?"

	N	Yes	N
TOTAL	1090	71.4	28.6
AGE			
35-44	121	42.6	57.4
45-54	291	60.7	39.3
55-64	287	85.1	14.9
65+	391	92.7	7.3
RACE			
Caucasian	577	70.5	29.5
African American	411	74.6	25.4
Other	29	*	*
Hispanic	44	*	*
EDUCATION			
Less than High School	80	67.9	32.1
High School Graduate	144	59.1	40.9
Some College	147	75.3	24.7
College Graduate	717	75.1	24.9
INCOME			
Less than $15,000	75	72.2	27.8
$15,000-$24,999	106	70.6	29.4
$25,000-$34,999	62	78.3	21.7
$35,000-$49,999	103	68.0	32.0
$50,000-$74,999	104	76.2	23.8
$75,000+	526	70.4	29.6
WARD			
Ward 1	82	67.2	32.8
Ward 2	113	72.4	27.6
Ward 3	193	77.8	22.2
Ward 4	125	76.2	23.8
Ward 5	115	77.6	22.4
Ward 6	128	73.1	26.9
Ward 7	72	80.4	19.6
Ward 8	57	75.4	24.6

* Data not presented if the unweighted cell size was <50.

Prostate Cancer

Table 43. Time Since Last PSA Test, By Demographics and Ward
"How long has it been since you had your last PSA test?"

	N	Within the past year	Within the past 2 years	Within the past 3 years	Within the past 5 years	5 or more years ago
TOTAL	820	68.9	18.0	6.4	4.4	2.4
AGE						
35-44	40	*	*	*	*	*
45-54	186	59.4	24.4	5.9	9.5	.8
55-64	243	69.1	17.9	7.1	3.5	2.4
65+	351	78.3	11.8	5.3	0.7	3.9
RACE						
Caucasian	436	69.0	17.7	6.7	4.5	2.2
African American	314	70.1	18.4	5.2	4.4	1.8
Other	20	*	*	*	*	*
Hispanic	27	*	*	*	*	*
EDUCATION						
Less than High School	55	72.5	10.3	10.2	4.3	2.6
High School Graduate	94	63.2	18.7	3.6	12.5	2.1
Some College	111	65.9	20.3	9.8	2.5	1.5
College Graduate	558	71.0	17.9	5.6	2.9	2.7
INCOME						
Less than $15,000	53	68.5	21.1	3.2	2.2	4.9
$15,000-$24,999	76	68.3	20.5	7.0	2.5	1.7
$25,000-$34,999	48	*	*	*	*	*
$35,000-$49,999	74	64.5	16.6	9.5	8.9	.5
$50,000-$74,999	86	86.6	9.0	2.3	1.2	.9
$75,000+	399	65.9	20.5	8.1	3.6	1.9
WARD						
Ward 1	54	69.7	19.5	8.5	1.7	.6
Ward 2	86	65.5	13.2	12.2	4.5	4.6
Ward 3	157	72.1	18.4	4.4	1.6	3.5
Ward 4	98	74.2	14.9	4.3	3.8	2.8
Ward 5	91	71.1	18.1	3.1	6.6	1.1
Ward 6	98	65.7	21.9	7.9	4.5	.0
Ward 7	60	67.8	12.9	9.4	8.3	1.6
Ward 8	43	*	*	*	*	*

*Data not presented if the unweighted cell size was <50.

Prostate Cancer

Table 44. Having Digital Rectal Exams, By Demographics and Ward

"A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?"

	N	Yes	No
TOTAL	1145	81.6	18.4
AGE			
35-44	133	60.4	39.6
45-54	309	77.0	23.0
55-64	300	93.0	7.0
65+	403	92.9	7.1
RACE			
Caucasian	614	87.1	12.9
African American	420	80.1	19.9
Other	31	*	*
Hispanic	48	*	*
EDUCATION			
Less than High School	86	64.8	35.2
High School Graduate	150	66.3	33.7
Some College	152	86.7	13.3
College Graduate	755	88.3	11.7
INCOME			
Less than $15,000	80	77.7	22.3
$15,000-$24,999	114	70.0	30.0
$25,000-$34,999	64	81.7	18.3
$35,000-$49,999	105	79.6	20.4
$50,000-$74,999	106	88.8	11.2
$75,000+	555	86.2	13.8
WARD			
Ward 1	84	86.8	13.2
Ward 2	116	90.0	10.0
Ward 3	206	89.6	10.4
Ward 4	131	82.6	17.4
Ward 5	114	84.7	15.3
Ward 6	137	81.8	18.2
Ward 7	78	90.5	9.5
Ward 8	61	84.7	15.3

* Data not presented if the unweighted cell size was <50.

Prostate Cancer

Table 45. Time Since Last Digital Rectal Exam, By Demographics and Ward
"How long has it been since you had your last digital rectal exam?"

	N	Within the past year	Within the past 2 years	Within the past 3 years	Within the past 5 years	5 or more years ago
TOTAL	981	59.7	16.7	9.1	6.4	8.1
AGE						
40-44	80	52.5	22.8	9.0	7.1	8.7
45-54	251	53.0	19.5	11.0	10.7	5.8
55-64	281	60.1	15.1	10.4	3.6	10.7
65+	369	69.9	12.2	5.9	4.4	7.6
RACE						
Caucasian	550	59.2	18.6	8.8	6.6	6.8
African American	343	61.5	14.7	8.1	7.7	8.0
Other	24	*	*	*	*	*
Hispanic	36	*	*	*	*	*
EDUCATION						
Less than High School	58	63.2	9.9	8.2	1.7	17.1
High School Graduate	106	54.7	19.5	8.2	12.9	4.7
Some College	135	58.7	17.1	9.6	7.6	6.9
College Graduate	680	61.0	16.4	9.4	5.1	8.2
INCOME						
Less than $15,000	63	52.3	11.0	8.3	7.5	20.9
$15,000-$24,999	88	59.5	17.8	9.5	9.8	3.4
$25,000-$34,999	49	*	*	*	*	*
$35,000-$49,999	91	56.0	12.1	10.4	11.0	10.6
$50,000-$74,999	96	76.5	10.1	8.9	1.9	2.5
$75,000+	494	61.1	19.3	8.5	4.1	7.0
WARD						
Ward 1	74	56.4	17.7	13.5	3.9	8.6
Ward 2	105	54.1	14.6	10.7	9.2	11.5
Ward 3	191	65.4	17.5	7.6	3.1	6.4
Ward 4	113	53.7	20.3	8.9	5.0	12.1
Ward 5	98	55.7	21.7	5.3	7.2	10.1
Ward 6	122	60.9	14.5	10.8	8.8	5.0
Ward 7	70	65.0	10.7	12.1	7.4	4.7
Ward 8	49	*	*	*	*	*

Data not presented if the unweighted cell size was <50.

Prostate Cancer

Table 46. Prevalence of Having Prostate Cancer, By Demographics and Ward
"Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer"

	N	Yes	No
TOTAL	1152	5.9	94.1
AGE			
35-44	134	.0	100.0
45-54	312	.0	100.0
55-64	303	4.8	95.2
65+	403	19.1	80.9
RACE			
Caucasian	616	4.1	95.9
African American	424	8.3	91.7
Other	32	*	*
Hispanic	48	*	*
EDUCATION			
Less than High School	87	9.7	90.3
High School Graduate	151	4.5	95.5
Some College	153	7.4	92.6
College Graduate	759	5.4	94.6
INCOME			
Less than $15,000	79	8.3	91.7
$15,000-$24,999	115	3.3	96.7
$25,000-$34,999	64	10.4	89.6
$35,000-$49,999	105	1.8	98.2
$50,000-$74,999	109	10.8	89.2
$75,000+	557	4.2	95.8
WARD			
Ward 1	84	1.1	98.9
Ward 2	118	4.8	95.2
Ward 3	205	6.0	94.0
Ward 4	131	6.6	93.4
Ward 5	116	5.7	94.3
Ward 6	137	3.5	96.5
Ward 7	80	11.9	88.1
Ward 8	61	11.1	88.9

* Data not presented if the unweighted cell size was <50.

Colorectal Cancer Screening

In the United States, colorectal cancer is the 4th most common cancer in men and women (after skin, prostate, and lung cancer in men and skin, breast, and lung in women).[1] It is estimated that in 2009 there will be 106,100 cases of colon cancer and 40,870 cases of rectal cancer diagnosed in the U.S. alone. [2] Further estimates for 2009 indicate that there will be nearly 50,000 deaths resulting from colorectal cancer. [3]

Colon and rectal cancers form in the tissues of the long intestines. While the cause of colorectal cancer is unknown, many risk factors are contributory. These include: a history of polyps (non-cancerous growths), family and personal history of cancer, diet, and tobacco use.

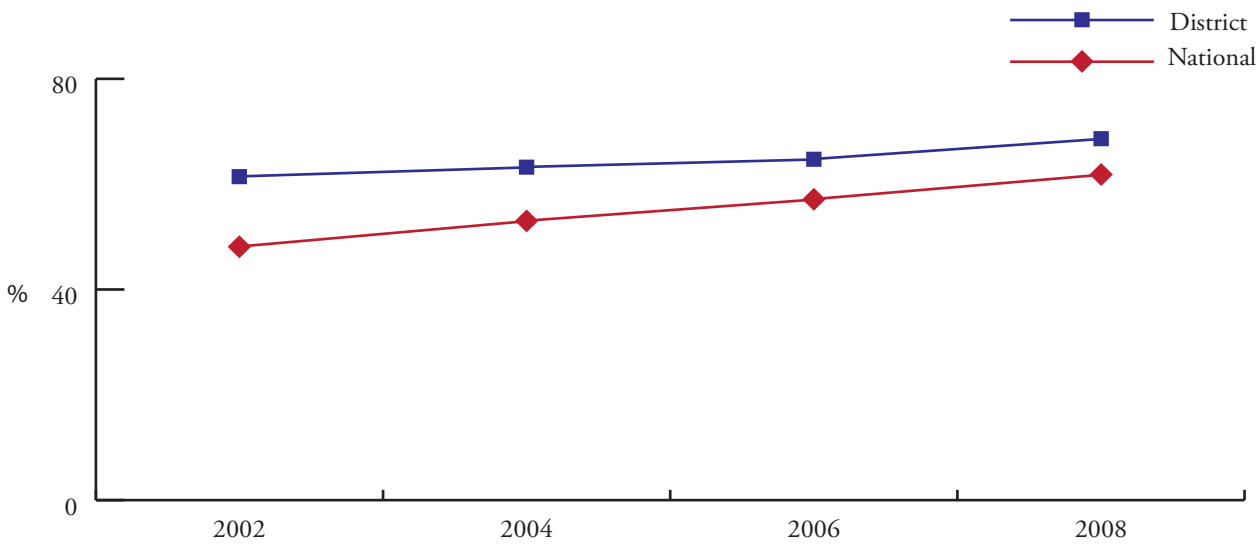
Early detection for colorectal cancer is conducted through health screenings, usually a test for blood in stool (fecal occult blood test or "FOBT") or a colonoscopy (both recommended beginning at age 50). These tests allow doctors to look for abnormalities and growths in the colon.

District of Columbia & National Trends

Adult respondents in the District of Columbia who were 50 years of age or older were asked if they had a blood stool test within the past two years.

- Seventy-three (73%) had not had a stool blood test within the past two years, which is lower by as much as 12% since 2002. The national averages for respondents age 50 years and older who had not had a stool blood test within the past two years was 21% a decrease of 9% since 2002. Similarly, the national average for respondents age 50 years and older who had received a sigmoidoscopy or colonoscopy was 62%, a significant increase of 14% since 2002. (Figure 31)

Figure 31. Percentage of Adults 50 Years and Older Having Sigmoidoscopy or Colonoscopy



References:

[1,2] National Cancer Institute. (2006). What you need to know about cancer of the colon and rectum (NIH Publication No. 06-1552). Retrieved on October 13, 2009 from http://www.cancer.gov/cancertopics/wyntk/colon-and-rectal.

[3] National Cancer Institute. Colon and rectal cancer. Retrieved on October 13, 2009 from http://www.cancer.gov/cancertopics/types/colon-and-rectal.

Colorectal Cancer Screening

Table 47: Using A Blood Stool Test Home Kit, Table 48: Time Since Last Home Stool Test

- Fifty-two percent (52%) of all respondents indicated they had not had a blood stool test using a home kit, with minimal variances reported between males (51%) and females (52%), and no difference (48%) between adults ages 55-64 years old and 65 years and older.

- Thirty-eight percent of all respondents indicated they had their blood stool tested using a home kit within the past year. (Again, there were minimal variances reported between males (39%) and females (38%) who had their blood stool tested using a home kit within the past year.) Additionally, within the past year by age group (45-54 years, 55-64 years, and 65 years and older), there were minimal differences among respondents 65 years old and older ranking highest at 39% and the other age groups at 38% each as having had their blood stool tested using a home kit.

- Hispanics (67%) were less likely to have had a blood stool test using a home test kit, followed by adults whose race was indicated as "other" at 58%. Within the past year, adults whose race was specified as "other" ranked highest as not having had a blood stool test using a home kit followed by African Americans at 43%.

- Residents of Ward 5 (60%) were more likely than residents of any other ward to have used a blood stool home test kit. However, within the past year, residents of Ward 7 were more likely than residents of any other ward to have had their blood stool tested using a home kit (57%) followed by residents of Ward 6 (40%). Residents of Ward 8 ranked lowest at 29%.

Table 49: Having a Sigmoidoscopy and Colonoscopy, Table 50: Time Since Last Sigmoidoscopy or Colonoscopy

- Sixty-eight percent (68%) of respondents surveyed indicated a sigmoidoscopy and/or colonoscopy had been performed. Both males and females equally responded they had either of these exams performed (also 68% each). Females (33%) were more likely than males (28%) to have had the tests performed within the past year.

- Adults aged 65 years and older were more likely to have had a sigmodoscopy or colonoscopy performed (79%) than any other age group represented (50-54 years old and 55-64 years old). Adults in the 45-54 year old age group (34%) were more likely than respondents in any other age group (30% each group respectively) to have had these tests performed within the past year.

- Caucasians (77%) followed by adults whose race was specified as "other" (70%) were more likely than African Americans (64%) and Hispanics (55%) to have had a sigmodoscopy and/or colonoscopy performed. Conversely, African Americans (35%) were more likely than any other race to have had these tests performed within the past year followed by Hispanics at 33%.

- Residents of Ward 3 (82%) followed by residents of Wards 2 and 4 (75% each) were more likely than residents in any other ward to have had a sigmoidoscopy or colonoscopy performed. Moreover, residents of Ward 8 (46%) were more likely than residents of any other ward to have had a sigmoidoscopy or colonoscopy performed within the past year followed by residents of Ward 5, ranked at 35%.

Colorectal Cancer Screening

Table 47. Using A Blood Stool Test Home Kit, By Demographics and Ward

"A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

	N	Yes	No
TOTAL	2419	48.4	51.6
GENDER			
Male	466	48.8	51.2
Female	806	48.1	51.9
AGE			
45-54	480	36.3	63.7
55-64	829	51.7	48.3
65+	1110	52.6	47.4
RACE			
Caucasian	1150	59.7	40.3
African American	1069	43.4	56.6
Other	65	41.9	58.1
Hispanic	84	32.8	67.2
EDUCATION			
Less than High School	217	30.0	70.0
High School Graduate	383	41.9	58.1
Some College	386	49.0	51.0
College Graduate	1425	54.5	45.5
INCOME			
Less than $15,000	233	39.7	60.3
$15,000-$24,999	249	38.8	61.2
$25,000-$34,999	156	37.5	62.5
$35,000-$49,999	245	47.5	52.5
$50,000-$74,999	249	48.8	51.2
$75,000+	926	58.3	41.7
WARD			
Ward 1	158	49.0	51.0
Ward 2	234	58.8	41.2
Ward 3	444	60.4	39.6
Ward 4	340	46.5	53.5
Ward 5	242	40.5	59.5
Ward 6	274	59.6	40.4
Ward 7	218	46.5	53.5
Ward 8	145	46.6	53.4

Colorectal Cancer Screening

Table 48. Time Since Last Home Blood Stool Test, By Demographics and Ward
"How long has it been since you had your blood stool test using a home kit?"

	N	Within the past year	Within the past 2 years	Within the past 3 years	Within the past 5 years	5 or more years ago
TOTAL	1230	38.5	18.4	13.0	12.0	18.2
GENDER						
Male	457	39.3	18.7	13.6	12.3	16.1
Female	773	37.9	18.1	12.5	11.7	19.8
AGE						
45-54	175	37.7	17.8	10.5	11.8	22.2
55-64	452	37.9	16.9	17.0	11.8	16.4
65+	603	39.4	19.9	10.5	12.1	18.0
RACE						
Caucasian	688	33.7	18.0	10.9	13.2	24.1
African American	454	42.5	19.5	13.0	11.0	14.0
Other	29	*	*	*	*	*
Hispanic	31	*	*	*	*	*
EDUCATION						
Less than High School	65	42.3	18.2	10.7	10.9	17.9
High School Graduate	162	46.3	20.4	12.4	11.5	9.4
Some College	183	42.4	16.8	14.6	11.0	15.2
College Graduate	816	34.8	18.4	13.0	12.5	21.4
INCOME						
Less than $15,000	96	43.9	17.7	11.5	9.0	17.9
$15,000-$24,999	99	41.7	18.4	17.7	12.2	9.9
$25,000-$34,999	64	43.0	20.4	13.9	9.4	13.4
$35,000-$49,999	122	40.8	16.8	6.2	16.5	19.8
$50,000-$74,999	127	36.8	19.2	13.6	11.7	18.7
$75,000+	563	35.3	19.4	12.6	12.4	20.3
WARD						
Ward 1	82	35.7	16.2	10.6	10.6	26.8
Ward 2	138	36.2	22.9	7.7	10.2	22.9
Ward 3	278	35.9	16.0	18.0	14.0	16.2
Ward 4	167	35.7	22.0	13.2	8.9	20.2
Ward 5	101	34.4	20.7	14.8	15.1	15.0
Ward 6	153	39.6	13.2	16.1	10.4	20.7
Ward 7	98	56.8	14.6	5.7	12.6	10.3
Ward 8	63	29.0	22.2	15.7	19.9	13.3

*Data not presented if the unweighted cell size was <50.

Colorectal Cancer Screening

Table 49. Having a Sigmoidoscopy and Colonoscopy, By Demographics and Ward

"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?"

	N	Yes	No
TOTAL	2420	68.2	31.8
GENDER			
Male	861	68.0	32.0
Female	1559	68.4	31.6
AGE			
50-54	480	50.5	49.5
55-64	837	71.4	28.6
65+	1103	75.8	24.2
RACE			
Caucasian	1157	77.4	22.6
African American	1065	64.2	35.8
Other	64	70.4	29.6
Hispanic	83	54.6	45.4
EDUCATION			
Less than High School	214	49.4	50.6
High School Graduate	382	58.6	41.4
Some College	388	67.7	32.3
College Graduate	1428	75.8	24.2
INCOME			
Less than $15,000	232	57.0	43.0
$15,000-$24,999	250	53.4	46.6
$25,000-$34,999	155	54.8	45.2
$35,000-$49,999	247	72.0	28.0
$50,000-$74,999	250	78.5	21.5
$75,000+	928	78.4	21.6
WARD			
Ward 1	159	67.4	32.6
Ward 2	234	74.7	25.3
Ward 3	449	81.8	18.2
Ward 4	339	74.8	25.2
Ward 5	241	63.1	36.9
Ward 6	274	72.3	27.7
Ward 7	214	67.5	32.5
Ward 8	147	60.3	39.7

*Data not presented if the unweighted cell size<50.

Colorectal Cancer Screening

Table 50. Time Since Last Sigmoidoscopy or Colonscopy, By Demographics and Ward
"How long has it been since you had your last Sigmoidoscopy or colonoscopy?"

	N	Within the past year	Within the past 2 years	Within the past 3 years	Within the past 5 years	Within the past 10 years	10 or more years ago
TOTAL	1697	30.9	20.9	16.7	18.4	10.0	3.1
GENDER							
Male	614	28.3	25.6	14.7	19.0	9.7	2.8
Female	1083	32.8	17.3	18.3	18.0	10.2	3.3
AGE							
45-54	242	33.9	19.7	16.5	16.8	8.3	4.8
55-64	614	30.0	21.5	18.1	17.7	10.1	2.6
65+	841	30.4	20.8	15.7	19.7	10.5	2.8
RACE							
Caucasian	899	27.2	21.3	15.4	20.2	12.9	2.9
African American	674	34.6	18.4	17.9	18.4	7.6	3.1
Other	46	*	*	*	*	*	*
Hispanic	45	*	*	*	*	*	*
EDUCATION							
Less than High School	105	42.2	17.9	12.5	20.2	4.3	2.8
High School Graduate	228	35.4	21.9	19.2	13.3	8.3	1.8
Some College	262	32.9	24.5	12.6	16.3	9.2	4.4
College Graduate	1096	27.8	19.9	17.9	20.0	11.3	3.1
INCOME							
Less than $15,000	130	33.4	18.6	13.3	18.7	11.2	4.7
$15,000-$24,999	143	39.2	22.3	17.1	13.1	6.4	1.9
$25,000-$34,999	88	35.9	19.2	13.0	19.3	9.8	2.6
$35,000-$49,999	181	35.8	19.7	16.5	13.7	10.5	3.9
$50,000-$74,999	191	29.1	16.4	23.8	21.6	8.6	.5
$75,000+	746	26.5	21.8	16.0	21.1	11.5	3.2
WARD							
Ward 1	112	27.4	25.3	19.8	15.9	8.6	3.0
Ward 2	178	30.1	18.8	18.4	18.9	12.1	1.6
Ward 3	369	28.6	23.5	15.2	15.1	14.7	2.9
Ward 4	251	30.8	23.1	17.4	18.3	7.2	3.2
Ward 5	154	34.6	19.1	20.9	17.0	5.5	3.0
Ward 6	200	32.1	17.3	12.6	19.8	14.0	4.3
Ward 7	140	31.3	17.1	18.5	21.1	9.5	2.6
Ward 8	84	45.9	9.5	14.8	20.8	5.9	3.1

*Data not presented if the unweighted cell size was <50

HIV/AIDS

HIV/AIDS is one of the greatest health challenges both nationally and globally. The first case of HIV/AIDS reported in the United States was in June 1981, and now the disease affects all races and persons from all walks of life. Every 9 ½ minutes, someone in the U.S. is infected with HIV. [1] The World Health Organization reports that there are approximately 33 million people living with HIV/AIDS and that in 2007, there were an estimated 2.7 million new infections worldwide. [2] In the United States alone, there are an estimated 1.7 million people who have been infected with HIV, more than 580,000 who have already died, and more than 1.1 million estimated to be living with the disease today. [3] Racial and ethnic minority groups are disproportionately affected by HIV/AIDS than any other group. High risk sexual behavior and intravenous drug user/injection (with contaminated needles) are the greatest contributory factors to the high rates of HIV infection. Other factors (especially in the African American community) include high rates of sexually transmitted diseases, lack of awareness of HIV status, socioeconomic issues associated with poverty and limited access to health care and stigmatization (or fear of knowing one's HIV status).

- Racial and Ethnic Minority Groups – African Americans and Hispanics/Latino account for the highest group most affected by HIV/AIDS. The CDC estimates that over 500,000 Blacks are living with HIV/AIDS in the U.S. A national household survey taken indicated that 2% of Blacks were HIV positive, higher than any other group. African Americans also have the highest rate of new HIV/AIDS infections than any other racial group followed by Native Hawaiians/Other Pacific Islanders, Hispanic/Latinos, American Indians/Alaska Natives, whites, and Asians. The AIDS rate was 7 times greater for African Americans than whites in 2006. African Americans accounted for 57% of deaths resulting from HIV in 2006; Hispanic/Latinos account for 13%. HIV was the 4th leading cause of death for Black men and 3rd for Black women between the ages of 25-44. This was higher than any other racial/minority group represented. [4]

- Women – The CDC estimates that nearly 280,000 women are now living with HIV/AIDS in the U.S., with women of color impacted the greatest. Of new AIDS cases reported, African American women accounted for 61% in 2006 and 65% in 2007. Hispanic/Latina women represented 15% and white women represented 17%.[5]

- Young Adults & Teens – Members of this group (ages 13-29), are at continued risk with reported new cases in 2006 at 34%. The CDC reports that for this age group, most become infected by sexual transmission with teen and minority girls affected the greatest. The CDC further reports that in 2007, teen girls represented 40% of all new cases for ages 13-19, Black teens represented 68% of cases reported, and Latino teens represented 19% of reported cases. [6]

- Gay and Bisexual Men – Initially, when HIV/AIDS was first seen in the U.S., it was thought to have been a white gay man's disease because that was the only population being treated. While this group is still at risk for infection, there have been declines in new cases reported. In 2006, gay and bisexual men accounted for an estimated 53% of new infections. Young men in the 13-29 age group accounted for 38% of infections in this population, and Black young men accounted for 52% within this age group. [7]

District of Columbia & National Trends

The 2008 HIV/AIDS Epidemiology Update of the DC Department of Health was released, presenting major findings that reflected the impact HIV/AIDS has had on District residents. Overall, 3% of all DC residents are currently living with HIV/AIDS which is considered an epidemic proportion

(as defined by the Centers for Disease Control and Prevention and the United Nations Joint Program on HIV/AIDS [UNAIDS].) The report further indicates that the highest rate of HIV/AIDS cases in DC is among black men aged 40-49 years old and that high rates of HIV/AIDS are in every segment of the city.

Respondents of the BRFSS were asked several questions relative to HIV/AIDS and testing. The question posed was, "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth." Seventy percent (70%) responded positively. Those respondents were then asked "Where did you have your last HIV test – at a private doctor or HMO office, at counseling or testing site, at a hospital, at a clinic, in a jail or prison, at a treatment facility, at home, or somewhere else?" Respondents were also asked "Was it a rapid test where you could get the results in a couple of hours?" Finally, respondents were asked to respond (either "yes" or "no") to behaviors pertaining to high risk behavior. Situations presented were: (1) "You have used intravenous drugs in the past year"; (2) "You have been treated for a sexually transmitted or venereal disease in the past year"; (3) "You have given or received money or drugs in exchange for sex in the past year"; and (4) "You had anal sex without a condom in the past year."

Table 51: Prevalence of HIV Testing

- Seventy-one percent (71%) of females were more likely than males (69%) to have been tested for HIV.
- Adults aged 35-44 years old ranked highest at 78% followed closely by adults aged 25-34 years old (76%) to have been tested for HIV.
- African Americans (78%) were more likely to have been tested for HIV followed by Caucasians (63%) and Hispanic and adults whose race was specified as "other" (67% each).
- Adults with less than a high school education (76%) were more likely to have been tested for HIV followed next by respondents with some college education (75%). Adults with annual household incomes ranging from $15,000 to $24,999 ranked highest for testing for HIV (74%). Respondents with annual household incomes ranging $75,000 and greater ranked lowest at 70%.
- Residents who reside in Wards 5 (81.1%) and 8 (81.7%) were more likely than residents from any other ward to have had a HIV test.

Table 52: Place of Last HIV Test

Overall, the majority of respondents received their last HIV test at a private doctor or HMO (48%) followed next at a hospital or clinic (38%). Fifty-five percent (55%) of female respondents and 40% male respondents received their last HIV test at a private doctor or HMO, higher than any other locale used on this survey (private doctor or HMO, counseling and testing site, hospital or clinic, jail or prison, or drug treatment facility).

- HIV tests conducted at home or somewhere else (other than private doctor or HMO, counseling and testing site, hospital or clinic, jail or prison, or drug treatment facility) ranked highest at 16% among respondents aged 18-24 years old.
- Hispanics were rated first (65%) as having their tests conducted at a hospital or clinic followed by respondents who specified their race as "other" (40%). African American

respondents primarily had their last HIV test conducted by their private doctor or HMO.

- By education, respondents with less than a high school education chose a hospital or clinic (64%) to have their last HIV test, while college graduates chose their private doctor or HMO (59%).

- Respondents with annual household incomes of $75,000 or greater were more likely to choose their private doctor or HMO as the place of choice for having their last HIV test.

By locale:

- Residents in Ward 3 (55%) were more likely than residents in any other ward to have had their last HIV test at a private doctor or HMO.

- Residents in Ward 7 (7%) were more likely than residents in any other ward to have had their last HIV test at a counseling and testing site.

- Residents in Ward 8 (44%) were more likely than residents in any other ward to have had their last HIV test at a hospital or clinic.

- Residents in Wards 4, 6 & 7 (2%) were more likely than residents in any other ward to have had their last HIV test in jail or prison.

- Residents in Wards 1, 5, 7 & 8 (1%) were more likely than residents in any other ward to have had their last HIV test at a drug treatment facility.

- Residents in Ward 5 (14%) were more likely than residents in any other ward to have had their last HIV test at home or somewhere else.

Table 53: Rapid HIV Test

- For respondents who were tested, 41% indicated their test was a rapid HIV test. Males (45%) were more likely than females (38%) to receive a rapid HIV test. Seventy-two percent (72%) of respondents aged 18-24 years were more likely than respondents in any other age group to receive rapid HIV tests. Hispanics (60%), college graduates (76%), and respondents with household income ranging from $15,000 to $24,999 (57%) ranked highest as having had a rapid HIV test. Residents in Ward 4 (51%) were more likely to receive a rapid HIV test followed next by residents of Ward 5 at 49%.

Table 54: HIV High Risk

- Ninety-four percent (94%) of respondents indicated that they had not been involved in HIV high risk behaviors (i.e., intravenous drug user, treated for sexually transmitted or venereal disease, given or received money or drugs in exchange for sex, anal sex without a condom – all in the past year).

- Males (8%) were more likely than females (5%) to indicate they have participated in HIV high risk behaviors. Adults aged 18-24 years (13%), Hispanics (8%), adults with less than a high school education (10%), and adults with household income ranging between $25,000 and $34,999 (11%) all ranked highest as having participated in HIV high risk behaviors.

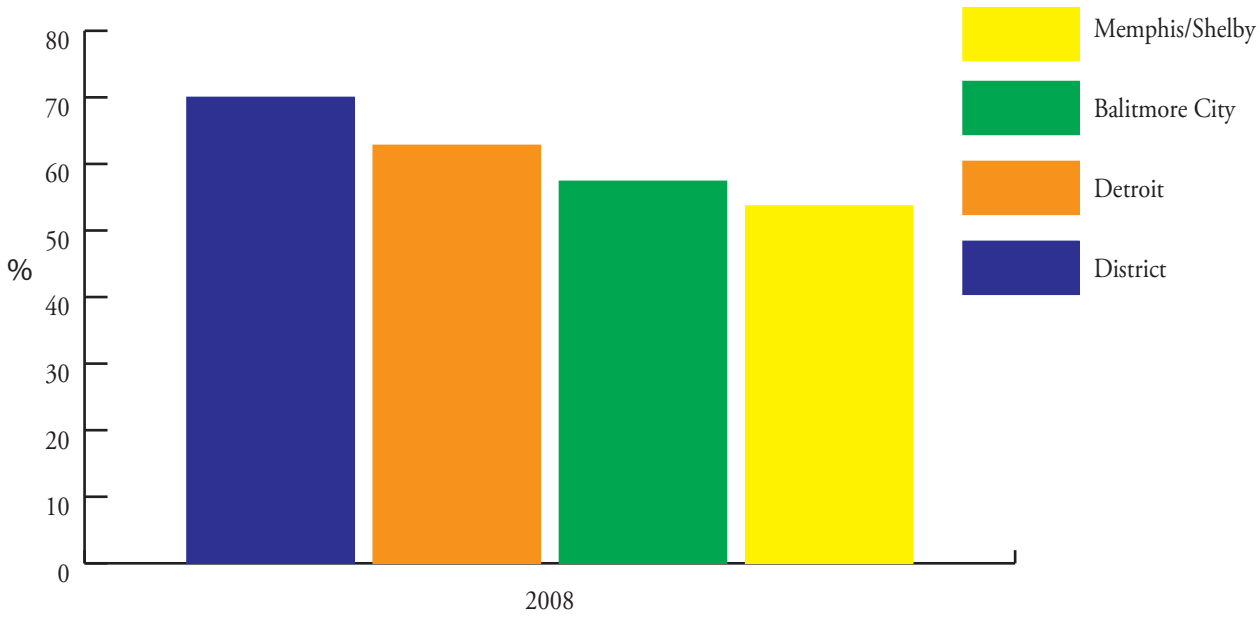
- Residents in Wards 1 and 2 ranked highest (9%) as having participated in HIV high risk

behaviors while residents in Wards 4 and 7 (4%) ranked lowest as having participated in HIV high risk behaviors.

Trend Comparisons of other cities with like demographics:

The District of Columbia's 2008 prevalence rates for adult respondents who indicated they had been tested for HIV/AIDS were compared to Baltimore (MD) and Detroit (MI). Residents of the District were more likely than residents of Baltimore and Detroit to be tested for HIV/AIDS. The District ranked highest at 70%, followed by Detroit at 62.8%, Memphis at 53.7%, and Baltimore at 42.6%. (Figure 32) This core question of the BRFSS was not asked of adults aged 65 years and older.

Figure 32. Adult Respondents who have been tested for HIV by City



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1. The Henry J. Kaiser Family Foundation. (2009). HIV/AIDS policy fact sheet: The HIV/AIDS epidemic in the United States. Retrieved on November 4, 2009 from http://www.kff.org/hivaids/upload/3029-10.pdf.
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Table 51. Prevalence of HIV Testing, By Demographics and Ward

"Have you ever been tested for HIV?" Do not count test you may have had as part of a blood donation. Include tests using fluid from your mouth."

	N	Yes	No
TOTAL	2963	70.0	30.0
GENDER			
Male	771	69.4	30.6
Female	1208	70.5	29.5
AGE			
18-24	114	64.7	35.3
25-34	555	76.2	23.8
35-44	676	78.3	21.7
45-54	814	67.4	32.6
55-64	804	51.5	48.5
RACE			
Caucasian	1408	63.2	36.8
African American	1192	77.5	22.5
Other	130	66.8	33.2
Hispanic	178	66.7	33.3
EDUCATION			
Less than High School	181	75.7	24.3
High School Graduate	441	71.2	28.8
Some College	447	75.2	24.8
College Graduate	1891	67.3	32.7
INCOME			
Less than $15,000	237	67.1	32.9
$15,000-$24,999	267	74.0	26.0
$25,000-$34,999	164	81.2	18.8
$35,000-$49,999	271	72.4	27.6
$50,000-$74,999	353	68.0	32.0
$75,000+	1376	69.6	30.4
WARD			
Ward 1	254	72.2	27.8
Ward 2	270	64.7	35.3
Ward 3	416	59.6	40.4
Ward 4	360	64.6	35.4
Ward 5	262	81.1	18.9
Ward 6	344	75.5	24.5
Ward 7	237	78.2	21.8
Ward 8	207	81.7	18.3

HIV/AIDS

Table 52. Place of Last HIV Test, By Demographics and Ward

"Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, at a drug treatment facility, or somewhere else?"

	N	Private doctor or HMO	Counseling and testing site	Hospital or Clinic	Jail or Prison	Drug Treatment Facility	Home or somewhere else
TOTAL	1951	47.8	4.6	37.7	1.0	.4	8.5
GENDER							
Male	763	39.7	5.2	41.3	1.9	.4	11.4
Female	1188	54.9	4.0	34.5	.2	.5	6.0
AGE							
18-24	67	28.2	5.6	47.7	2.1	.0	16.4
25-34	415	53.7	4.0	35.4	.6	.4	6.0
35-44	522	46.5	5.5	37.6	.8	.0	9.6
45-54	536	47.5	5.2	38.3	1.4	.4	7.2
55-64	411	49.0	2.4	35.5	.9	2.0	10.1
RACE							
Caucasian	848	60.5	5.1	26.3	.2	.0	8.0
African American	866	44.4	3.8	39.1	1.9	.9	9.8
Other	87	47.1	9.2	39.5	.5	.0	3.7
Hispanic	116	24.5	1.0	65.2	.0	.0	9.2
EDUCATION							
Less than High School	126	10.8	3.4	64.1	.8	1.3	19.5
High School Graduate	302	32.2	4.7	51.2	4.0	.5	7.4
Some College	323	49.4	3.2	39.7	.8	1.3	5.6
College Graduate	1199	58.6	5.1	28.1	.1	.0	8.1
INCOME							
Less than $15,000	159	21.2	3.1	64.8	.0	.4	10.5
$15,000-$24,999	195	28.0	3.2	51.1	4.7	2.3	10.8
$25,000-$34,999	122	33.8	8.3	47.0	3.0	.0	7.8
$35,000-$49,999	184	53.5	8.2	31.6	.0	1.5	5.2
$50,000-$74,999	231	59.3	3.2	31.3	.0	.0	6.2
$75,000+	893	61.3	4.2	26.3	.0	.0	8.2
WARD							
Ward 1	182	52.5	4.8	35.3	.0	.6	6.8
Ward 2	170	53.8	6.3	27.4	.4	.4	11.6
Ward 3	229	55.1	2.4	32.9	1.5	.0	8.1
Ward 4	222	49.7	5.9	29.3	1.7	.0	13.3
Ward 5	196	44.4	3.1	37.9	.0	1.1	13.5
Ward 6	226	53.8	2.9	32.3	1.9	.4	8.6
Ward 7	177	41.3	7.4	43.1	1.9	.6	5.7
Ward 8	158	45.6	5.5	44.1	.0	1.0	3.8

Table 53. Rapid HIV Test, By Demographics and Ward

"Was it a rapid test where you could get your results within a couple of hours?"

	N	Yes	No
Total	782	40.6	59.4
GENDER			
Male	300	44.5	55.5
Female	482	37.6	62.4
AGE			
18-24	47	*	*
25-34	206	36.6	63.4
35-44	199	34.1	65.9
45-54	194	34.9	65.1
55-64	136	30.1	69.9
RACE			
Caucasian	226	16.8	83.2
African American	452	45.1	54.9
Other	37	*	*
Hispanic	53	60.4	39.6
EDUCATION			
Less than High School	81	37.2	62.8
High School Graduate	166	38.6	61.4
Some College	156	53.2	46.8
College Graduate	379	76.0	24.0
INCOME			
Less than $15,000	94	52.2	47.8
$15,000-$24,999	96	57.2	42.8
$25,000-$34,999	72	48.7	51.3
$35,000-$49,999	87	48.6	51.4
$50,000-$74,999	97	26.2	76.3
$75,000+	265	23.7	76.3
WARD			
Ward 1	61	19.4	80.6
Ward 2	66	30.1	69.9
Ward 3	55	28.5	71.5
Ward 4	75	50.7	49.3
Ward 5	103	48.5	51.5
Ward 6	89	38.8	61.2
Ward 7	95	45.2	54.8
Ward 8	91	42.8	57.2

*Data not presented if the unweighted cell was <50.

Table 54. HIV High Risk, By Demographics and Ward

"I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year. Do any of these situations apply to you?

	N	Yes	No
Total	3005	6.0	94.0
GENDER			
Male	1126	7.8	92.2
Female	1811	4.5	95.5
AGE			
18-24	113	13.4	86.6
25-34	558	6.3	93.7
35-44	677	7.3	92.7
45-54	827	3.4	96.6
55-64	830	2.1	97.9
RACE			
Caucasian	1442	5.2	94.8
African American	1197	6.0	94.0
Other	128	7.9	92.1
Hispanic	180	8.3	91.7
EDUCATION			
Less than High School	180	9.8	90.2
High School Graduate	441	7.1	92.9
Some College	452	8.0	92.0
College Graduate	1929	4.6	95.4
INCOME			
Less than $15,000	236	6.4	93.6
$15,000-$24,999	266	5.9	94.1
$25,000-$34,999	166	11.3	88.7
$35,000-$49,999	276	2.6	97.4
$50,000-$74,999	353	5.8	94.2
$75,000+	1408	5.3	94.7
WARD			
Ward 1	257	8.6	91.4
Ward 2	271	8.9	91.1
Ward 3	429	3.6	96.4
Ward 4	365	7.7	92.3
Ward 5	263	7.9	92.1
Ward 6	353	7.1	92.9
Ward 7	237	4.0	96.0
Ward 8	206	6.5	93.5

*Data not presented if the unweighted cell size was <50.

Exercise

HEALTHY PEOPLE 2010 OBJECTIVES

- Reduce the proportion of persons who engage in no leisure-time physical activity to 20%.
  DISTRICT GOAL NOT MET: CURRENT PERCENTAGE 21%

Physical activity on a regular basis has been proven to reduce risk factors associated with many diseases and disorders such as diabetes, cardiovascular disease, cancer, and obesity. Physical activity can also improve mental health and mood, strengthen bones and muscles, and increase the chances of a prolonged quality life. A regular daily routine of moderate-intensity exercise (such as brisk walking, gardening, or bicycling) can improve one's health, and for those who are already participating in moderate-intensity exercise, recommendations are to increase individuals activities.

Many reasons such as "no time; exercise is boring; and too difficult" are given as to why people do not routinely exercise. Reports indicate that over 60% of Americans do not engage in regular physical exercise. [1]

District of Columbia & National Trends

Nearly 79% of District of Columbia respondents reported participating in some form of physical activity during the past 12 months. This number has fluctuated between 76% and 79% since 2000. The national average for respondents who were asked if they had participated in any physical activities during the past 12 months was 75%. (Figure 33)

Table 55. Recreational Exercise

- Overall, 79% of respondents indicated during the past month, they participated in some form of physical activity. Males (82%) were more likely than females (76%) to participate in physical activity during the past month, and respondents ages 18-24 years (85%) were more likely to participate during the past month than respondents of all other age groups.

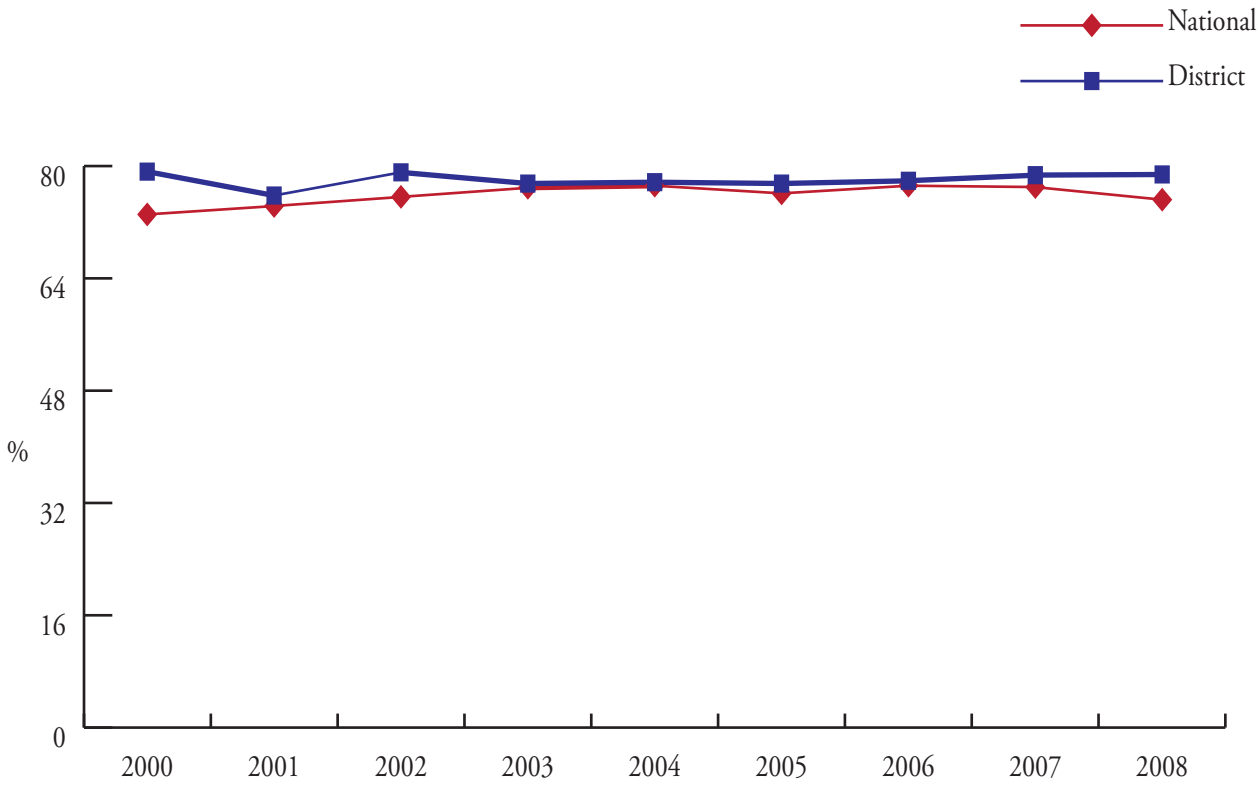
- Caucasians were more likely than any other race to participate in some form of physical activity during the past month more so than any other race. Those whose race was specified as "other" ranked second at 83% and African Americans at 70.5% while Hispanics ranked lowest at 68%.

- College graduates (87%) and respondents whose annual household income was $75,000 or greater (90%) were more likely to participate in some form of physical activity during the past month than all others in the educational and annual household income categories.

- Residents of Ward 3 ranked highest (88%) as participating in physical activity during the past month than residents in any other ward. Ward 7 ranked lowest at 63%

Exercise

Figure 33. Percentage of Adults Exercising in Past Month



Reference:

1. U.S. Department of Health and Human Services. Physical activity and health: A report of the surgeon general. Atlanta, GA. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease and Prevention and Health Promotion, 1996. Retrieved on October 14, 2009 from http://www.cdc.gov/NCCDPHP/sgr/pdf/chap1.pdf.

Exercise

Table 55. Recreational Exercise, By Demographics and Ward

"During the past month, other than your regular job, did you participate in any physical activities such as running, calisthenics, golf, gardening, or walking for exercise?"

	N	Yes	No
TOTAL	4241	78.8	21.2
GENDER			
Male	1575	82.2	17.8
Female	2666	76.0	24.0
AGE			
18-24	117	85.2	14.8
25-34	570	81.9	18.1
35-44	695	79.9	20.1
45-54	857	79.6	20.4
55-64	851	75.4	24.6
65+	1151	70.8	29.2
RACE			
Caucasian	1997	91.4	8.6
African American	1778	70.5	29.5
Other	164	83.1	16.9
Hispanic	221	68.3	31.7
EDUCATION			
Less than High School	334	58.1	41.9
High School Graduate	664	66.8	33.2
Some College	645	76.5	23.5
College Graduate	2584	87.4	12.6
INCOME			
Less than $15,000	360	64.6	35.4
$15,000-$24,999	411	63.8	36.2
$25,000-$34,999	278	68.9	31.1
$35,000-$49,999	412	75.8	24.2
$50,000-$74,999	482	82.7	17.3
$75,000+	1754	90.3	9.7
WARD			
Ward 1	328	83.5	16.5
Ward 2	393	86.9	13.1
Ward 3	651	87.6	12.4
Ward 4	533	78.3	21.7
Ward 5	401	77.1	22.9
Ward 6	477	81.1	18.9
Ward 7	365	62.6	37.4
Ward 8	275	71.3	28.7

Oral Health

HEALTHY PEOPLE 2010 OBJECTIVES

- *Increase the proportion of persons who have never had permanent teeth extracted because of dental caries or periodontal disease to 42%.*
  DISTRICT GOAL MET: CURRENT PERCENTAGE IS 59%

Throughout life, oral health is crucial to maintaining a healthy lifestyle. Left untreated, oral health can affect the ability to eat and drink, maintain proper nutrition, smile, and even communicate. [1] Oral health is indicative of being free of chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects (such as cleft lip and palate), tooth decay and tooth loss. [2]

As a result of existing health disparities, many minorities have limited access to dental health care, which includes lack of dental insurance/coverage. Many suffer from dental caries and gum disease and lack preventive oral health care. In 2009 alone, it is estimated that there will be over 30,000 new cases of oral cancer and that more than 6,700 adults will die from a form of oral cancer. [3] To reduce the burden of oral diseases, sugar, tobacco and alcohol intake should be decreased, and fruit and vegetable intake should increase. The use of dental aides with fluoride helps to prevent dental cavities. Fluoridated drinking water, milk, salt, mouth rinse and toothpaste are all great sources of fluoride.

District of Columbia & National Trends

District of Columbia respondents 65 years of age and older were asked if they had all of their natural teeth extracted. Almost 16% had all their natural teeth extracted. This number is the lowest since 2002, and is lower than the national average of almost 19% for 2008. Nearly 41% of respondents have had their permanent teeth extracted (national average was 44%) and 72% had visited a dentist or dental clinic within the past year (national average was 71%). (Figures 34 and 35)

Figure 34. Percentage of Adults with Permanent Teeth Extraction

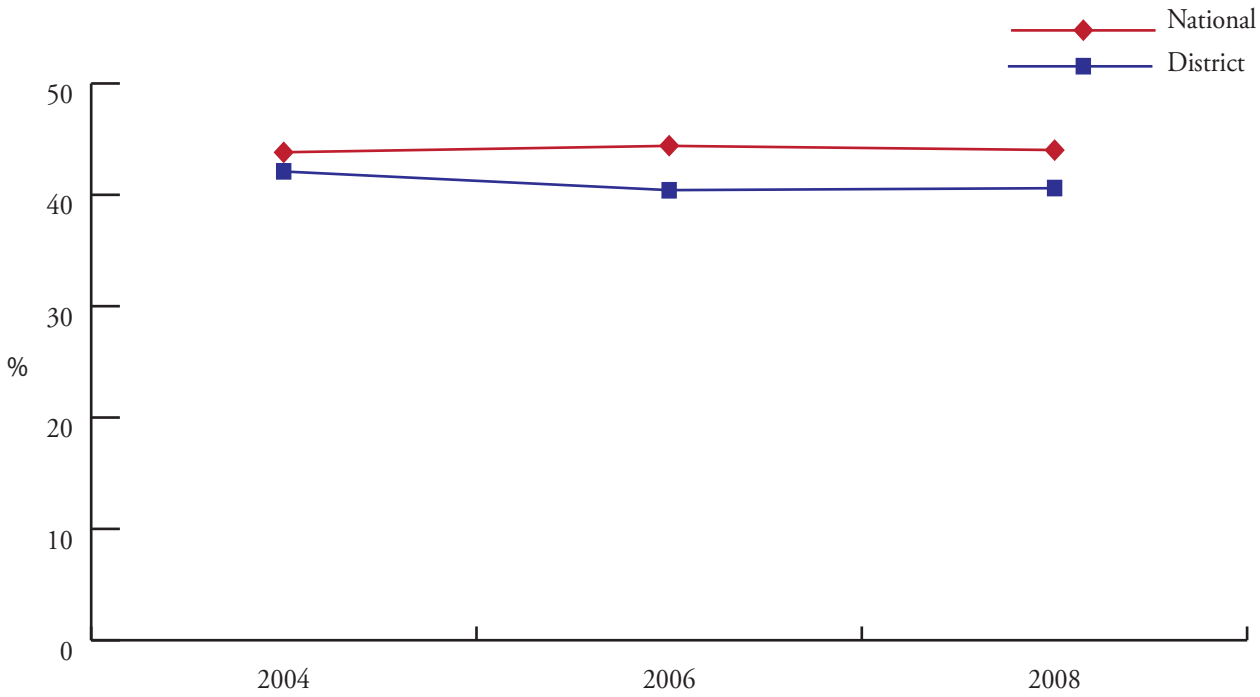


Figure 35. Percentage of Adults Visiting Dentist in Past Year

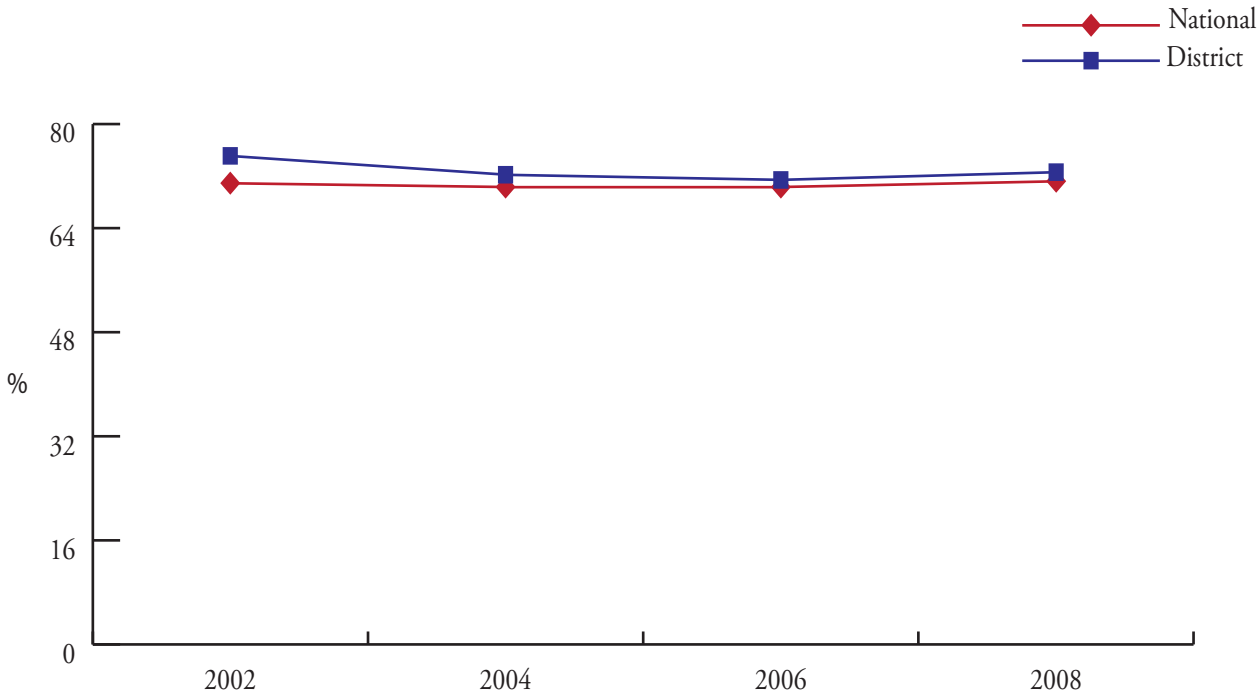


Table 56: Time Since Last Dental Visit; Table 57: Reason for Not Visiting the Dentist

Overall, 70.5% of all respondents reported visiting a dentist or dental clinic in the past year. Only 1% of respondents reported never seeing a dentist or visiting a dental clinic.

- Females (72%) were more likely than males (66%) and adults whose ages ranged between 35 and 44 years old (75%) ranked highest as having been seen by a dentist (or visiting a dental clinic) in the past year. However, respondents indicated that cost (25%) was the most likely reason for not visiting the dentist in the past year. Both males and females (25%) were equally more likely to not visit the dentist due to cost. By age, unspecified reasons other than the options presented in the survey ranked highest (from 30% - 37%) as the basis for not visiting the dentist.

- Caucasians (80%) ranked highest as having visited a dentist or dental clinic within the past year, followed by African Americans at 64%. Seven percent (7%) of Hispanic respondents reported never visiting a dentist or dental clinic with cost being the primary reason (35%).

- College graduates (79%) ranked highest as having visited a dentist or dental clinic in the past year while eight percent (8%) of adults with less than a high school education reported never visiting a dentist or dental clinic. High school graduates ranked highest (38%) as not visiting the dentist for unspecified reasons whereas adults with some college were more likely to say cost was the primary reason for not visiting the dentist. Likewise, adults with an annual household income of $25,000 to $34,999 ranked highest (42%) as not visiting the dentist for unspecified reasons whereas those with an annual household income less than $15,000 ranked cost (37%) the highest for not visiting the dentist.

Oral Health

Table 58: Dental Insurance Coverage

- Seventy-six percent (76%) of respondents indicated they had dental coverage. Females (77%) more likely than males (74%) to have coverage, and Caucasians and African Americans were equally insured with dental coverage (78%). College graduates (80%) and 86% of respondents with annual household incomes greater than $75,000 were more likely to have dental coverage when compared to adults with other levels of education and income.

- Residents of Ward 6 (82%) were more likely than any other ward to have dental coverage (although all wards ranked highly from 75% to 82%).

Table 59: Number of Teeth Removed

- Nearly 60% of respondents indicated they had not had any teeth removed because of tooth decay or gum disease. Males (63%) were more likely than females (56%) to not have any teeth removed as well as respondents between the ages of 18-24 years old (86%), Caucasians (78%), college graduates (72%), and adults with an annual household income of $75,000 or greater (75%).

- Residents of Ward 3 ranked highest as not having had any teeth removed (71%) whereas residents of Wards 7 and 8 ranked lowest at 40%.

Table 60: Time Since Last Dental Cleaning

- Seventy-one percent (71%) of respondents surveyed indicated they had a dental cleaning in the past year. Caucasians (80%), adults aged 35-44 years old (76%), college graduates (78%), and adults with annual household incomes of $75,000 or greater (78%) all ranked highest as having had their teeth cleaned by a dentist or dental hygienist in the past year. Residents of Ward 3 ranked highest at having had their teeth cleaned at 80%; conversely, residents of Wards 5 and 7 ranked lowest at 64%. Residents of all wards except Wards 1 and 2 provided unspecified reasons for not visiting the dentist ranging from 30% to 42%. Cost was the most likely reason for not visiting the dentist for residents of Wards 1 and 2 (23% and 27% respectively).

References:

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2. The World Health Organization. (2007). Oral health: Fact sheet no. 318. The World Health Organization: Geneva, Switzerland. Retrieved October 15, 2009 from http://www.who.int/mediacentre/factsheets/fs318/en/print.html.

3. The National Institutes of Health, The National Cancer Institute. (n.d.) The National Cancer Institute, Oral health. Retrieved on October 15, 2009 from http://www.cancer.gov/cancertopics/types/oral.

Oral Health

Table 56. Time Since Last Dental Visit, By Demographics and Ward

"How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists?"

	N	Past Year	Past 2 Years	Past 5 Years	5 or more years ago	Never
TOTAL	4211	70.5	13.2	9.1	5.9	1.3
GENDER						
Male	1562	68.5	12.9	9.1	7.4	2.1
Female	2649	72.1	13.5	9.1	4.6	.6
AGE						
18-24	114	65.7	22.2	7.7	.3	4.1
25-34	568	71.4	14.8	8.7	4.2	.9
35-44	694	75.1	11.5	7.3	4.3	1.8
45-54	855	70.4	11.5	9.9	7.3	.8
55-64	847	71.6	10.5	9.2	7.8	.7
65+	1133	64.8	11.9	11.8	10.8	.7
RACE						
Caucasian	1996	80.3	10.9	5.9	2.9	0
African American	1756	63.7	15.8	11.2	8.1	1.2
Other	162	68.8	13.1	13.6	4.0	0.5
Hispanic	219	66.6	11.6	7.8	7.3	6.7
EDUCATION						
Less than High School	327	51.7	13.3	12.5	14.3	8.2
High School Graduate	655	59.5	17.9	12.2	9.6	.8
Some College	638	65.8	14.5	12.2	6.0	1.4
College Graduate	2578	78.7	11.4	6.6	3.1	.2
INCOME						
Less than $15,000	356	55.0	18.5	12.7	12.9	.9
$15,000-$24,999	405	55.7	12.2	15.7	11.2	5.1
$25,000-$34,999	274	60.6	16.6	10.9	9.8	2.1
$35,000-$49,999	412	64.6	15.5	13.0	6.9	.0
$50,000-$74,999	480	78.8	11.7	7.0	2.5	.0
$75,000+	1752	80.7	11.4	5.3	2.5	.1
WARD						
Ward 1	327	70.3	11.3	10.1	7.0	1.3
Ward 2	392	78.9	9.8	6.4	4.9	.0
Ward 3	650	79.2	10.8	6.3	3.7	.0
Ward 4	529	71.8	8.3	11.7	5.5	2.7
Ward 5	397	65.0	14.7	11.4	8.5	.3
Ward 6	472	78.0	10.9	8.0	2.6	.5
Ward 7	358	63.9	16.4	10.8	8.2	.7
Ward 8	273	59.2	18.4	14.6	7.4	.5

Table 57. Reason for Not Visiting the Dentist, By Demographics and Ward

"What is the main reason you have not visited a dentist in the past year?

	N	Dislike	Cost	No Dentist	No Problem	Not Priority	Not Thought Of	Other
TOTAL	1021	6.0	24.8	3.9	19.2	9.5	5.1	31.6
GENDER								
Male	398	4.4	25.0	2.3	21.4	10.4	4.7	31.8
Female	623	7.5	24.6	5.4	17.0	8.6	5.4	31.5
AGE								
18-24	30	*	*	*	*	*	*	*
25-34	144	7.8	25.5	4.5	10.3	11.8	8.7	31.3
35-44	156	5.2	23.8	5.5	18.1	11.9	4.4	31.0
45-54	213	7.5	26.1	3.2	23.1	5.7	5.5	28.9
55-64	180	4.2	27.9	3.6	24.3	6.7	2.0	31.3
65+	298	6.8	12.0	3.2	35.8	2.3	3.1	36.8
RACE								
Caucasian	286	7.2	23.5	5.6	8.4	12.9	11.4	31.1
African American	605	5.2	22.5	3.7	22.8	8.5	3.5	33.9
Other	51	9.2	18.3	1.0	30.2	2.3	4.6	34.3
Hispanic	61	5.9	34.6	2.3	18.8	12.5	.5	25.4
EDUCATION								
Less than High School	155	7.9	26.9	2.9	31.6	2.6	.8	27.4
High School Graduate	246	4.2	22.0	2.5	23.0	7.2	3.5	37.7
Some College	190	4.6	35.0	2.3	18.9	10.8	3.7	24.8
College Graduate	426	6.8	21.2	6.0	12.1	12.9	8.3	32.7
INCOME								
Less than $15,000	160	3.7	37.4	.0	20.1	5.1	1.1	32.6
$15,000-$24,999	176	7.4	25.7	2.5	25.9	6.4	.7	31.4
$25,000-$34,999	96	6.8	21.3	2.5	15.7	5.9	5.4	42.4
$35,000-$49,999	120	3.8	23.4	4.2	27.5	7.7	6.8	26.5
$50,000-$74,999	82	4.1	26.6	3.9	14.1	12.9	11.0	27.4
$75,000+	249	6.9	17.2	7.9	12.7	14.9	7.5	32.9
WARD								
Ward 1	81	5.8	43.1	4.3	16.7	2.6	4.2	23.1
Ward 2	59	9.5	33.4	5.2	8.6	13.5	3.2	26.6
Ward 3	89	5.8	18.7	3.1	15.4	7.5	11.3	38.2
Ward 4	130	2.7	30.3	4.2	17.6	7.6	3.4	34.1
Ward 5	126	10.7	29.0	2.9	21.4	3.1	3.3	29.7
Ward 6	90	8.0	18.8	4.6	16.0	16.4	3.3	32.9
Ward 7	119	6.3	23.8	5.0	26.1	6.8	2.1	29.9
Ward 8	115	4.1	19.8	1.9	17.5	10.2	4.9	41.6

Data not presented if cell size <50

Table 58. Dental Insurance Coverage, By Demographics and Ward

"Do you have any kind of insurance coverage that pays for some or all of your routine dental care?"

	N	Yes	No
TOTAL	4026	75.8	24.2
GENDER			
Male	1487	74.0	26.0
Female	2539	77.4	22.6
AGE			
18-24	107	75.0	25.0
25-34	544	81.6	18.4
35-44	667	80.6	19.4
45-54	818	78.6	21.4
55-64	816	75.1	24.9
65+	1074	57.6	42.4
RACE			
Caucasian	1935	78.3	21.7
African American	1648	78.3	21.7
Other	156	76.7	23.3
Hispanic	213	55.8	44.2
EDUCATION			
Less than High School	291	59.4	40.6
High School Graduate	610	71.7	28.3
Some College	612	73.9	26.1
College Graduate	2503	80.4	19.6
INCOME			
Less than $15,000	330	62.8	37.2
$15,000-$24,999	377	61.2	38.8
$25,000-$34,999	262	64.8	35.2
$35,000-$49,999	397	73.0	27.0
$50,000-$74,999	466	77.6	22.4
$75,000+	1706	85.9	14.1
WARD			
Ward 1	315	74.9	25.1
Ward 2	380	76.1	23.9
Ward 3	632	74.7	25.3
Ward 4	510	76.0	24.0
Ward 5	372	78.0	22.0
Ward 6	460	82.3	17.7
Ward 7	341	79.8	20.2
Ward 8	251	80.4	19.6

Oral Health

Table 59. Number of Teeth Removed, By Demographics and Ward

"How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics?"

	N	1 to 5	6 or more, but not all	All	None
TOTAL	4140	27.7	9.4	3.6	59.4
GENDER					
Male	1531	26.1	7.3	3.4	63.2
Female	2609	29.1	11.1	3.7	56.1
AGE					
18-24	118	13.9	.0	.0	86.1
25-34	569	17.1	.5	.0	82.5
35-44	691	32.6	3.3	.6	63.5
45-54	845	34.4	12.2	3.6	49.8
55-64	832	40.2	17.0	3.7	39.1
65+	1085	31.7	29.4	15.9	23.0
RACE					
Caucasian	1958	17.8	3.4	.6	78.2
African American	1730	35.2	15.0	6.2	43.7
Other	160	22.3	6.7	4.3	66.6
Hispanic	218	32.3	5.4	2.5	59.8
EDUCATION					
Less than High School	320	30.8	18.0	13.4	37.8
High School Graduate	640	39.9	14.3	5.7	40.2
Some College	635	32.7	11.9	3.9	51.5
College Graduate	2533	21.7	5.4	.9	71.9
INCOME					
Less than $15,000	347	31.7	19.3	7.5	41.5
$15,000-$24,999	397	36.6	11.0	8.5	43.9
$25,000-$34,999	272	31.8	13.1	7.7	47.3
$35,000-$49,999	405	33.7	13.2	4.4	48.7
$50,000-$74,999	474	29.0	8.6	.6	61.7
$75,000+	1734	21.0	4.1	.2	74.6
WARD					
Ward 1	323	24.7	7.2	2.4	65.8
Ward 2	383	24.3	4.6	2.2	68.9
Ward 3	637	21.9	5.2	1.6	71.2
Ward 4	520	30.5	13.5	4.1	51.9
Ward 5	394	26.6	17.1	7.1	49.2
Ward 6	470	26.1	8.1	1.4	64.5
Ward 7	350	40.9	14.0	5.0	40.1
Ward 8	269	39.0	14.1	6.7	40.2

Oral Health

Table 60. Time Since Last Dental Cleaning, By Demographics and Ward

"How long has it been since you had your teeth cleaned by a dentist or dental hygienist?"

	N	Past Year	Past 2 Years	Past 5 Years	5 or more years ago	Never
TOTAL	3994	71.3	13.4	8.6	5.7	1.0
GENDER						
Male	1478	70.1	14.6	8.0	6.3	1.1
Female	2516	72.3	12.4	9.1	5.2	1.0
AGE						
18-24	114	65.1	20.6	12.1	.8	1.4
25-34	566	71.0	15.5	8.7	4.3	.5
35-44	684	76.0	12.2	7.3	3.7	.8
45-54	829	69.5	11.3	9.0	8.6	1.6
55-64	816	72.5	10.7	7.8	7.9	1.1
65+	985	70.1	11.2	8.4	8.8	1.5
RACE						
Caucasian	1966	80.3	11.1	5.7	2.9	.1
African American	1596	63.6	15.0	11.3	8.4	1.7
Other	153	71.1	12.3	14.0	2.7	.0
Hispanic	205	73.6	15.5	3.1	6.4	1.5
EDUCATION						
Less than High School	259	58.7	12.9	9.4	12.9	6.2
High School Graduate	591	60.4	17.1	11.7	9.1	1.7
Some College	592	65.9	14.9	11.7	6.9	.6
College Graduate	2543	77.8	11.9	6.7	3.3	.2
INCOME						
Less than $15,000	356	52.9	17.3	12.0	14.1	3.7
$15,000-$24,999	405	60.4	15.3	11.8	10.9	1.6
$25,000-$34,999	274	61.5	16.0	13.2	7.7	1.6
$35,000-$49,999	412	68.6	12.1	12.2	6.0	1.1
$50,000-$74,999	480	76.5	12.6	7.7	2.8	.3
$75,000+	1752	79.7	12.3	4.7	2.9	.3
WARD						
Ward 1	313	67.5	16.8	8.8	6.7	.2
Ward 2	384	79.9	10.4	6.2	3.4	.1
Ward 3	634	80.3	11.0	5.2	2.4	1.1
Ward 4	494	73.9	9.5	10.8	4.3	1.5
Ward 5	362	64.0	14.7	10.9	8.9	1.5
Ward 6	463	74.0	13.6	8.0	3.8	.6
Ward 7	335	63.9	14.7	10.4	9.0	2.0
Ward 8	245	64.5	13.5	12.1	9.3	.6

Nutrition

Healthy eating habits are usually the result of conscious, informed decisions regarding food choices. Obesity among adults and children is an endemic public health concern that can be linked to many chronic illnesses such as cardiovascular diseases, diabetes, and hypertension. As a result, many states are mandating food labeling and to ensure that consumers can make appropriate food choices. At many restaurants and in food chains in some states, menus now provide nutritional food value (calories, grams of saturated fat and/or transfat, carbohydrates, and milligrams of sodium) for food sold at their establishments.

In an effort to combat obesity, educate consumers in making healthy, informed choices, and allow consumers to take responsibility for their personal health when dining out, legislation has been brought before the City Council of the District of Columbia mandating food labeling. The proposed legislation would require restaurants in the District to label menus and menu boards with the nutritional value of foods (such as calories, fat, sodium, and carbohydrates).

District of Columbia Trends

District of Columbia respondents to the BRFSS survey where asked whether or not they would support a law mandating menu labeling in the District. Overall, 80% of respondents were more likely to support the legislation whereas 13% opposed the legislation and nearly 7% neither supported nor opposed food labeling legislation.

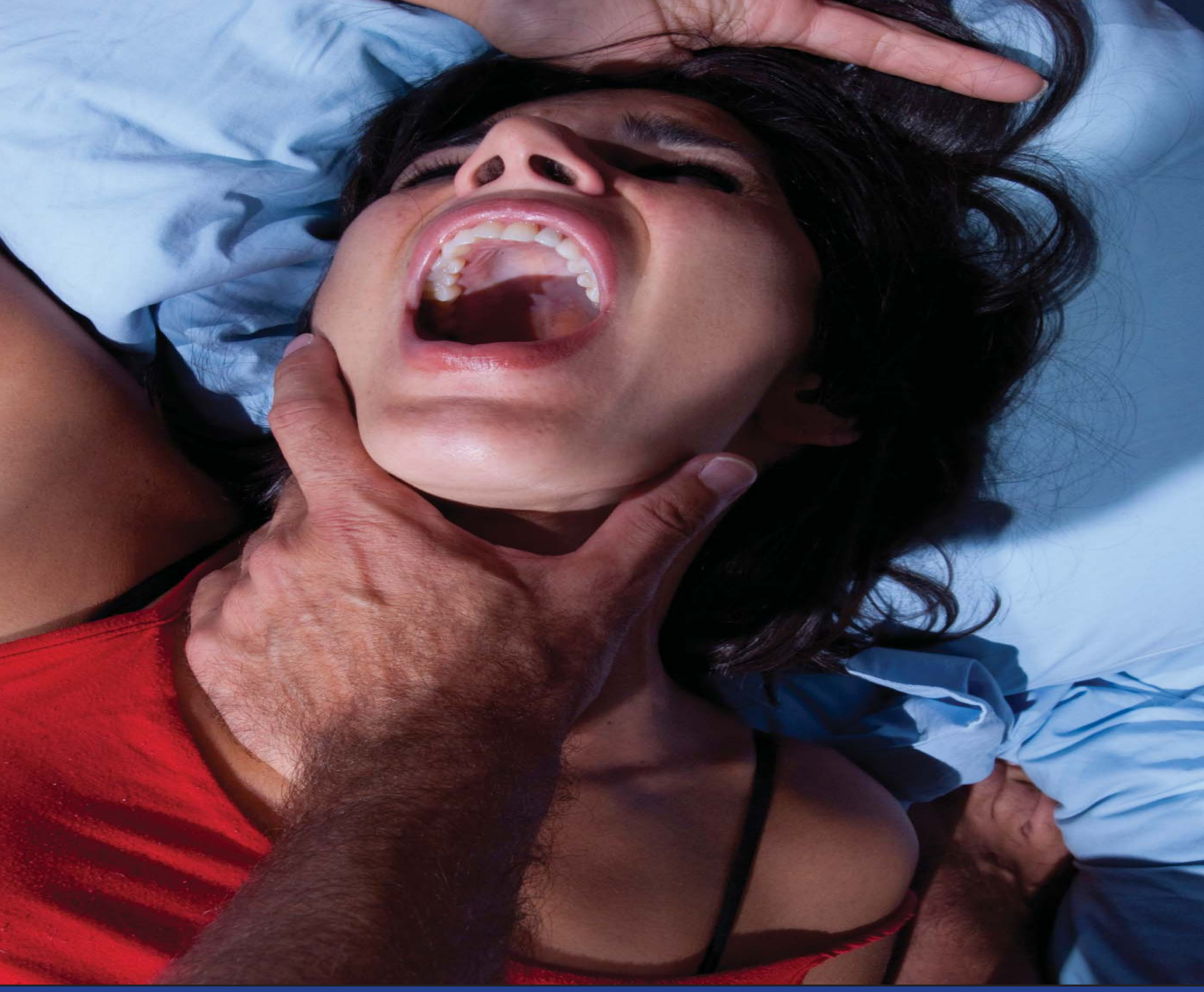
Table 61- Attitudes Towards legislation Mandating the Provision of Nutritional Information

- Females (84%) were more likely than males (76%) to support legislation requiring menu labeling.
- Respondents aged 18-24 years old were more likely to support menu labeling legislation (84%) followed by respondents ages 35-44 years and 55-64 years (82% each). Respondents aged 25-34 years of age were less likely to support legislation mandating menu labeling (78%).
- African American and respondents indicating their race as “other” were both more likely to support legislation mandating menu labeling (86% each) than respondents of any other race.
- Respondents with less than a high school education (86%) were more likely than respondents with any other level of education to support legislation mandating menu labeling.
- Respondents whose annual household income ranged from less than $15,000 to $24,999 had the highest percentage reported (86%) of being more likely to support menu labeling legislation.
- Ward 8 ranked highest (88%) followed by Ward 7 (86%) as being more likely to support legislation mandating menu labeling. Residents of Ward 2 were most likely to oppose legislation mandating menu labeling (19%) followed by residents of Ward 3 (16%).

Table 61. Attitudes Towards legislation Mandating the Provision of Nutritional Information, By Demographics

"The District is considering requiring restaurants located in the District of Columbia to provide nutritional information such as calories, fat, sodium and carbohydrates on menus and menu signs. Would you support or oppose such a law in the District?"

	N	Support	Oppose	Neither Support or Oppose
TOTAL	3931	80.0	13.2	6.8
GENDER				
Male	1460	76.0	15.5	8.5
Female	2471	83.5	11.2	5.4
AGE				
18-24	108	83.5	10.6	5.9
25-34	536	77.8	16.6	5.6
35-44	655	81.6	11.3	7.1
45-54	793	78.9	15.0	6.1
55-64	795	82.3	11.0	6.8
65+	1044	79.6	10.6	9.9
RACE				
Caucasian	1894	70.4	20.2	9.5
African American	1605	86.4	8.5	5.2
Other	154	86.1	8.4	5.5
Hispanic	209	84.9	9.7	5.4
EDUCATION				
Less than High School	267	85.9	7.9	6.1
High School Graduate	592	82.8	11.8	5.5
Some College	600	84.6	9.2	6.3
College Graduate	2463	77.0	15.5	7.5
INCOME				
Less than $15,000	320	86.2	7.3	6.5
$15,000-$24,999	367	86.1	8.8	5.1
$25,000-$34,999	257	79.6	12.8	7.6
$35,000-$49,999	387	82.7	10.2	7.1
$50,000-$74,999	458	81.8	12.6	5.7
$75,000+	1679	76.3	16.3	7.4
WARD				
Ward 1	308	77.7	14.0	8.2
Ward 2	378	74.0	19.4	6.6
Ward 3	612	74.5	16.3	9.2
Ward 4	494	80.6	11.3	8.2
Ward 5	362	84.4	10.9	4.7
Ward 6	453	76.2	15.4	8.5
Ward 7	335	86.2	10.6	3.2
Ward 8	242	87.6	7.2	5.2



Sexual Violence and Intimate Partner Violence

Sexual Violence

Sexual violence occurs throughout the world and has grave consequences on both physical and mental health. It is sexual activity that happens forcibly or without consent. Not always physical (unwanted touching, rape, molestation), examples also include harassment, threats, and intimidation. Sexual violence can affect anyone – male or female – at any age. Long term health effects may include depression, anxiety, chronic pain, and sexually transmitted diseases. Other harmful health risks include engaging in substance abuse and risky sexual behavior. Nationally, there is an increased trend among high school students who reported having unwanted sex, females (11%) more likely than males (4%).[1]

Table 62: Sexual Violence

When asked "Has anyone EVER had sex with you after you did not want them to?", overall, 5% of District of Columbia BRFSS respondents indicated they had been victims of sexual violence. Females (9%) were more likely than males (1%) to be victims as well as adults aged 18-24 years old (8%). Adults who specified their race as "other" reported a higher incidence (8%), followed by Caucasians (6%) and African Americans (5%). Further, adults who had some college education (9%) ranked highest as having sex after they didn't want to. (This number was nearly twice as much as college graduates and three times as much as high school graduates and those with less than a high school education.) Finally, adults whose annual household income ranged from $25,000 - $34,999 ranked highest (8%) as having been a victim of sexual violence followed by adults whose income was $50,000 -$74,999 (6%).

By ward, residents of Wards 3 and 8 (7%) were more likely to report being victims of sexual violence followed by residents of Ward 6 (6%). Residents of Ward 4 (3%) were least likely to report being victims of sexual violence.

Table 63: Sexual Violence – Relationship

Categories of relationships for sexual violence included current intimate partner, former intimate partner, casually dating, friend, stranger/someone known <24 hours, parent/step-parent, other relative, and other non-relative. The BRFSS defines the aforementioned relationships as follows:

- Current Intimate Partner – current boyfriend/girlfriend, fiancé, spouse, or live-in partner
- Former Intimate Partner – former boyfriend/girlfriend, spouse, or live-in partner
- Casually Dating – someone being dated or had first date with
- Other Non-Relative – Acquaintances, neighbors, co-workers, and other non-relatives

As a whole, 29% of respondents reported that their aggressor was some other non-relative. Twenty-one percent (21%) indicated that their aggressor was a friend, and eighteen percent (18%) reported that their aggressor was a former intimate partner. Parent/step-parent and other relative were the lowest reported relationships at 4% each.

- By gender, female respondents (29%) reported their relationship to their aggressor as some other non-relative. Twenty-one percent (21%) were more likely to report that their relationship to their aggressor was a former intimate partner, followed by a friend at 18%. Data collected for males who had experienced sexual violence was not available.

- Caucasians were more likely to report a former intimate partner as their aggressor (28%) whereas African American respondents were more likely to report some other non-relative (27%) as their aggressor.

- College graduates were more likely to report some other non-relative as their aggressor (28%) followed by a former intimate partner (24%). Ranked last as their aggressor was a parent/

step-parent at 1%. Data collected representing other education categories was unavailable.

- Data was also unavailable by income except for respondents whose annual household income was $75,000 or greater. Respondents ranked former intimate partners highest (25%) as being their aggressor, followed by friend (24%), and other non-relative (22%).

Table 64: Sexual Violence – Aggressor

- As a whole, respondents indicated that their aggressor was male (88%) as opposed to female (12%). Females were more likely to report male aggressors (94%) than female aggressors (6%).

- Caucasians (91%) were more likely to report male aggressors as opposed to female aggressors (8%) as were African Americans (82% for male aggressors versus 18% for female aggressors). College graduates reported their aggressors as male (95%) versus female (5%) as did adults whose annual household income was greater than $75,000 (89% male aggressors versus 14% female aggressors).

Sexual Violence

Table 62. Sexual Violence, By Demographics

"Has anyone EVER had sex with you after you did not want them to?"

	N	Yes	No
TOTAL	2527	5.2	94.8
GENDER			
Male	972	1.4	98.6
Female	1555	8.7	91.3
AGE			
18-24	76	8.4	91.6
25-34	354	5.8	94.2
35-44	426	5.7	94.3
45-54	513	4.6	95.4
55-64	508	5.7	94.3
65+	650	1.5	98.5
RACE			
Caucasian	1254	6.4	93.6
African American	1010	4.7	95.3
Other	103	8.4	91.6
Hispanic	117	.5	99.5
EDUCATION			
Less than High School	169	2.1	97.9
High School Graduate	357	2.9	97.1
Some College	386	8.8	91.2
College Graduate	1612	5.3	94.7
INCOME			
Less than $15,000	200	4.7	95.3
$15,000-$24,999	234	4.0	96.0
$25,000-$34,999	152	8.3	91.7
$35,000-$49,999	236	3.7	96.3
$50,000-$74,999	315	6.0	94.0
$75,000+	1121	5.2	94.8
WARD			
Ward 1	205	4.9	95.1
Ward 2	242	4.2	95.8
Ward 3	397	6.9	93.1
Ward 4	315	2.7	97.3
Ward 5	228	5.2	94.8
Ward 6	305	6.3	93.7
Ward 7	217	4.3	95.7
Ward 8	161	6.6	93.4

Sexual Violence

Table 63. Sexual Violence, By Demographics
"What was their relationship to you?"

	N	Current Intimate Partner^	Former Intimate Partner	Casually Dating	Friend	Stranger/Some-one Known<24 Hours	Parent/ Step Parent	Other Relative	Other Non Relative
TOTAL	139	6.9	18.3	8.4	20.5	9.4	3.6	4.4	28.6
GENDER									
Male	10	*	*	*	*	*	*	*	*
Female	129	6.8	20.7	6.4	17.9	10.1	4.0	5.0	29.1
RACE									
Caucasian	78	8.3	27.9	6.1	19.0	12.0	0	0	26.8
African American	50	6.9	10.9	8.9	25.5	8.5	9.1	3.6	26.7
Other	7	*	*	*	*	*	*	*	*
Hispanic	1	*	*	*	*	*	*	*	*
EDUCATION									
Less than High School	7	*	*	*	*	*	*	*	*
High School Graduate	8	*	*	*	*	*	*	*	*
Some College	26	*	*	*	*	*	*	*	*
College Graduate	98	11.1	23.8	7.3	17.9	8.5	1.1	2.2	28.1
INCOME									
Less than $15,000	17	*	*	*	*	*	*	*	*
$15,000-$24,999	10	*	*	*	*	*	*	*	*
$25,000-$34,999	11	*	*	*	*	*	*	*	*
$35,000-$49,999	8	*	*	*	*	*	*	*	*
$50,000-$74,999	18	*	*	*	*	*	*	*	*
$75,000+	65	15.3	25.4	5.1	23.5	6.8	1.6	.0	22.2

Current Intimate partner includes: current/boyfriend/girlfriend, fiance spouse, or live-in partner
Former intimate partner includes: former boyfriend/girlfriend, spouse, or live-in partner
Casually dating includes: someone they were dating or had a first dat with
Parent/Step-partner/Parent in-law also includes a parent's partner
Other non-relative includes: acquaintances, neighborhood, co-workers, and other non-relatives.

*Data not presented if the unweighted cell size was <50.
Small numbers prohibit the display of the data by Age
Small numbers prohibit the display of the data by Ward.

Sexual Violence

Table 64. Sexual Violence, By Demographics
"Was this person male or female"

	N	Male Aggressor	Female Aggressor
TOTAL	150	88.1	11.9
GENDER			
Male	13	*	*
Female	137	94.2	5.8
AGE			
18-24	8	*	*
25-34	26	*	*
35-44	29	*	*
45-54	34	*	*
55-64	39	*	*
65+	14	*	*
RACE			
Caucasian	83	91.1	8.9
African American	55	82.2	17.8
Other	8	*	*
Hispanic	1	*	*
EDUCATION			
Less than High School	8	*	*
High School Graduate	9	*	*
Some College	29	*	*
College Graduate	104	94.6	5.4
INCOME			
Less than $15,000	17	*	*
$15,000-$24,999	12	*	*
$25,000-$34,999	12	*	*
$35,000-$49,999	11	*	*
$50,000-$74,999	19	*	*
$75,000+	68	88.7	13.5

*Data not presented if the unweighted cell size was <50.
Small numbers prohibit the display of the data by Ward.

Intimate Partner Violence

Oftentimes, the term domestic violence is used interchangeably with intimate partner violence. The distinction however, is that domestic violence includes intimate partner violence as well as violence between family members. Intimate partner violence occurs between two people in a close relationship. This relationship could be between current or former spouses, boyfriends, or girlfriends, or same sex relationships. It may take the form of threats (use of words or actions with the intent to cause harm), physical abuse (physical force to include slapping, kicking, biting, and burning), sexual abuse (forcible acts of sex without consent), and emotional abuse (threatening the partner's loved ones or acts of degradation to lower self esteem and self-worth).

Intimate partner violence often occurs in private, and victims are often reluctant to report incidents to anyone because of shame or fear of retaliation. National statistics show that nonfatal intimate partner violence is decreasing, especially among males. Further, 2005 statistics indicate that females between the ages of 35-49 were at greater risk for intimate partner violence. [1] However, intimate partner violence among African Americans has decreased while rates have remained stable for Whites. [2]

District of Columbia Trends

Table 65: Intimate Partner Violence

As a whole, 11% of District of Columbia BRFSS respondents reported attempts and being threatened, and 12% reported being hit when asked "Has an intimate partner EVER THREATENED, ATTEMPTED, HIT you?". Females were at greater risk of being threatened and having had violence attempted (13% each) as well as being hit (15%), while males reported lower rates of being threatened (8%) and having had violence attempted and being hit (9% each).

- Adults between the ages of 25-34 years and 55-64 years ranked highest at having been threatened (12%) while adults between the ages of 45-54 had the highest report of having had violence attempted (13%). Respondents between the ages of 45-54 and 55-64 had the highest report of being hit (13%).

- African Americans and those who specified their race as "other" were more likely to report being threatened (14%). Also, African Americans were more likely to report having had violence attempted and being hit (16% each).

- Adults with some college education were more likely in all categories of experiencing intimate partner violence than respondents on any other educational level represented (having been threatened – 18%; having had violence attempted and being hit 19%).

- As with adults who had some college education, respondents with an annual household income less than $15,000 ranked highest in all categories of experiencing intimate partner violence than any other annual household income represented (having been threatened – 19%; having had violence attempted – 17%; and having been hit – 20%).

- By ward, respondents in Ward 6 reported the highest incidence of being threatened (18%) while residents of Ward 5 ranked highest at having had violence attempted (16%). Ward 7 respondents were more likely to experience being hit than residents in any other ward.

References:
[1,2.] Catalano, S. (2007). Intimate partner violence in the United States. U.S. Department of Justice, Office of Justice Program, Bureau of Justice Statistics. Retrieved on December 16, 2009 from http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm.

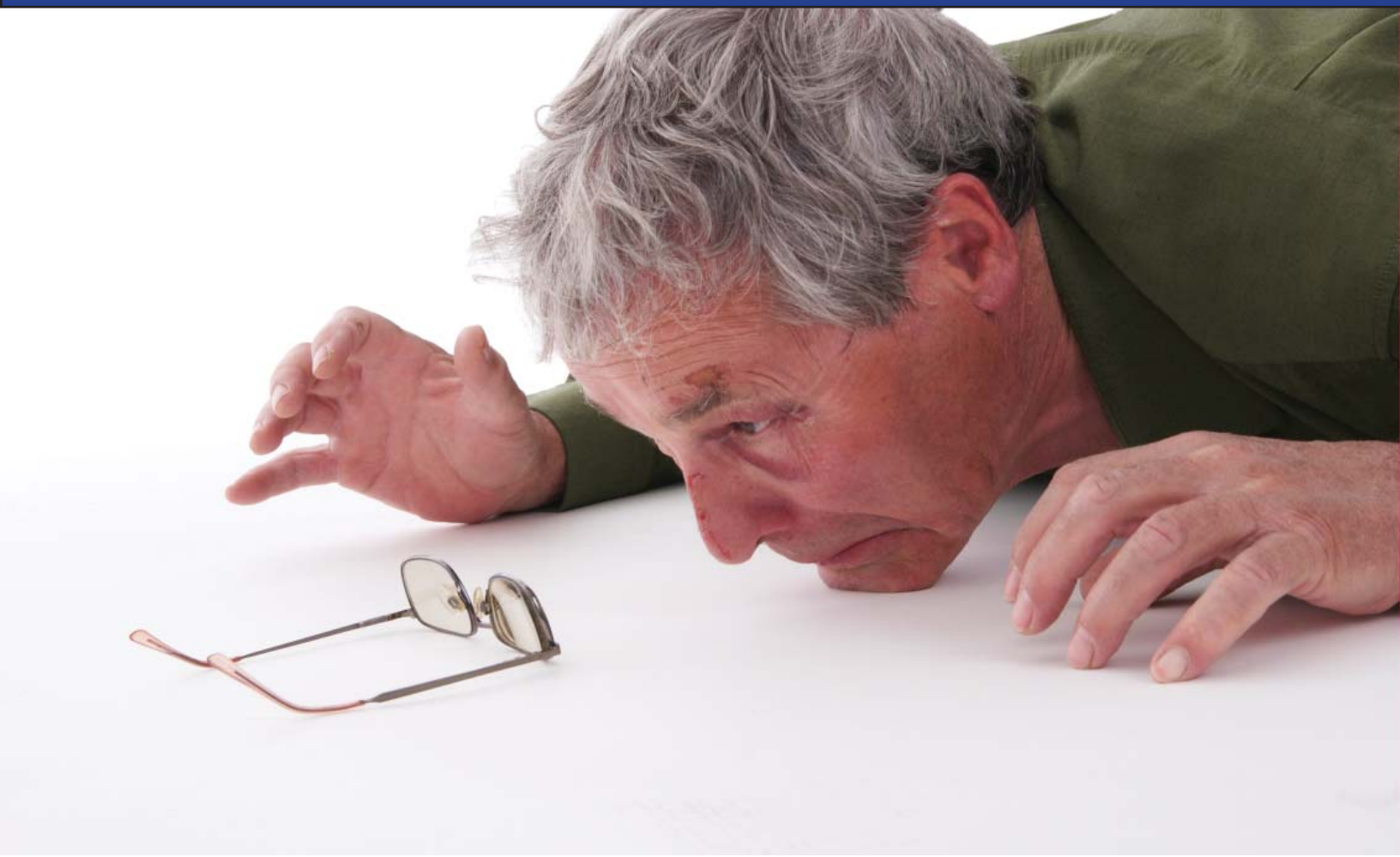
Intimate Partner Violence

Table 65. Intimate Partner Violence, By Demographics

"Has an intimate partner EVER THREATENED, ATTEMPTED , HIT you?"

	N	Threaten	N	Attempted	N	Hit
		Yes		Yes		Yes
TOTAL	2511	10.7	2504	11.1	2504	12.0
GENDER						
Male	963	7.9	961	8.7	958	9.0
Female	1548	13.2	1543	13.2	1546	14.7
AGE						
18-24	76	8.2	76	11.1	76	14.1
25-34	352	12.4	352	12.3	352	13.1
35-44	421	11.1	421	11.7	421	10.5
45-54	515	11.4	514	12.6	513	12.8
55-64	512	12.1	508	11.7	509	13.4
65+	635	6.3	633	5.7	633	8.4
RACE						
Caucasian	1244	6.4	1240	6.6	1241	8.3
African American	1008	14.3	1006	15.6	1004	15.6
Other	100	13.9	98	13.7	99	13.4
Hispanic	114	10.3	114	6.1	114	9.8
EDUCATION						
Less than High School	169	13.1	168	11.1	168	13.2
High School Graduate	354	11.2	353	13.9	352	12.5
Some College	379	17.8	376	18.5	378	19.0
College Graduate	1606	8.3	1604	8.2	1603	9.8
INCOME						
Less than $15,000	203	19.1	203	17.0	203	20.0
$15,000-$24,999	230	13.6	228	13.4	230	13.6
$25,000-$34,999	147	12.2	147	14.5	147	12.8
$35,000-$49,999	238	9.9	236	13.2	236	12.3
$50,000-$74,999	312	15.3	309	12.1	312	13.8
$75,000+	1115	8.7	1115	8.7	1112	9.9
WARD						
Ward 1	204	9.2	204	12.3	204	12.7
Ward 2	240	5.6	239	6.7	237	12.9
Ward 3	394	7.5	394	9.1	393	8.0
Ward 4	312	11.1	314	11.4	315	12.1
Ward 5	225	14.7	225	16.3	225	13.9
Ward 6	300	17.6	297	15.1	298	14.3
Ward 7	219	15.1	218	13.7	219	15.9
Ward 8	156	12.6	156	13.8	156	15.2

Falls



Falls

One-third of older adults (age 65 years and older) in the United States suffer from falls, with 20% - 30% suffering from moderate to severe injuries. [1] In 2005, there were over 15,800 deaths resulting from falls among adults 65 years and older. Falls may result in head trauma or broken bones (hip, spine, forearm, and others). Consequently, mobility and continued independence is a concern for health professionals and caregivers who must treat and care for individuals who have succumbed to injuries resulting from falls. The risk of being seriously injured increases with age. Older adults who experience injuries sustained from falling may reduce their quality of life due to self-induced fear, social isolation, and depression. [2]

The CDC further reports that while there is little difference in fatal fall rates between older whites and blacks (age 65 – 74), women are 67% more likely than men to have a non-fatal fall injury; however, men are more likely to die from a fall (49% more after adjusting for age). Fatality rates are higher after age 75 for white men, followed by white women, black men, and black women. [3]

To prevent falls, the CDC suggests strengthening exercises on a regular basis, reducing home hazards and improving lighting, and annual eye exams.

District of Columbia

In the 2008 BRFSS survey, falls is defined when a person unintentionally comes to rest on the ground or a lower level. Respondents were asked "In the past 3 months, how often have you fallen?", and for positive responses were asked "How many of these falls caused injury?". (Injury was defined as "the fall caused [you] to limit [your] regular activities for at least a day or to go see a doctor).

Table 66: Number of Falls

Overall, 85% of District residents who responded to the survey indicated they had not experienced any falls within the past 3 months of being surveyed, and 63% of those who had experienced falls were not injured.

- Males and females equally (85%) had not experienced any falls, and respondents in the 55-64 year age group had experienced no falls at a slightly higher rate of 86% (as opposed to 85% for adults 45-54 years old and 65 years and older). For those who had experienced falls, males (68%) were more likely to not be injured from the fall than females.

- Hispanics (12%) were more likely than any other race to experience at least one fall in the past 3 months of being surveyed.

- Seventy percent (70%) of respondents aged 65 years and were more likely than any other age group to report having fallen at least once within the past 3 months.

- Respondents with some college education who had fallen (9%) had been injured at least twice. This number was almost twice as much as high school graduates and almost nine times greater than college graduates. Additionally, adults with household income of $15,000 or less (12%) who had fallen and were injured at least twice were almost twelve times more likely to be injured than those making over $75,000 (1.5%).

Table 67: Number of Falls Resulting In An Injury

- There were minimal differences ranging from less than 1% to 6% by category (gender, age, race, education, household income and ward) for the number of falls experienced. For example, adults with less than a high school education were more likely (3%) to experience

at least three falls than high school and college graduates and adults with some college education (1%) respectively.

- Respondents with household income of $75,000 or greater (86%) were more likely to not experience any falls than adults with household income at any other level. However, adults with household income of $25,000 - $34,999 (14%) were more likely to experience at least one fall more so than adults with household income at any other level.

- Residents of Ward 1 (15%) were more likely to experience at least one fall more than any other ward whereas residents of Ward 8 (6%) were more likely to experience at least two falls than residents in any other ward. Residents of Ward 4 (33%) were more likely to suffer an injury after a fall than residents in any other ward.

References:

[1,2.] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2008). MMWR weekly: Self-reported falls and fall-related injuries among persons aged ≥65 years – United States, 2006. Retrieved October 29, 2009 from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5709a1.htm.

[3.] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2009). Home and Recreational Safety: Falls Among Older Adults: An Overview. Retrieved October 29, 2009 from http://www.cdc.gov/HomeandRecreational Safety/Falls/adultfalls.html.

Falls

Table 66. Number of Falls, By Demographics and Ward

"The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past 3 months, how many times have you fallen?"

	N	None	One	Two	Three	Four	Five or more
TOTAL	2821	84.8	10.3	3.1	.9	.3	.6
GENDER							
Male	1024	85.3	10.1	2.6	1.0	.2	.9
Female	1797	84.5	10.4	3.5	.8	.4	.4
AGE							
45-54	843	84.3	10.2	3.9	.9	.0	.7
55-64	844	85.7	9.7	2.5	.9	.6	.7
65+	1134	84.7	10.9	2.7	.9	.5	.4
RACE							
Caucasian	1328	84.8	11.2	2.3	.8	.1	.8
African American	1249	84.5	9.9	3.6	1.0	.5	.5
Other	86	85.3	10.7	3.1	.9	.0	.0
Hispanic	100	83.1	12.0	3.4	.8	.7	.0
EDUCATION							
Less than High School	249	81.6	9.3	4.3	2.8	.9	1.0
High School Graduate	460	84.6	9.0	4.5	.5	.5	.9
Some College	447	84.5	10.3	3.5	1.3	.1	.4
College Graduate	1655	85.8	11.0	2.0	.5	.3	.4
INCOME							
Less than $15,000	266	81.9	9.4	4.5	3.1	.2	.9
$15,000-$24,999	285	81.4	13.1	3.7	1.0	.5	.3
$25,000-$34,999	181	78.6	13.9	6.9	.0	.6	.0
$35,000-$49,999	285	89.2	7.7	2.5	.4	.0	.3
$50,000-$74,999	293	85.3	9.0	3.4	.5	.2	1.5
$75,000+	1097	86.3	10.3	2.2	.3	.3	.6
WARD							
Ward 1	199	84.5	11.1	2.2	1.6	.1	.5
Ward 2	270	81.1	15.1	1.9	1.6	.2	.0
Ward 3	499	85.8	9.6	1.9	1.6	.6	.4
Ward 4	392	84.7	10.9	3.0	.5	.6	.3
Ward 5	284	82.8	11.5	4.1	.5	.5	.6
Ward 6	319	83.9	11.3	2.3	.7	.4	1.5
Ward 7	257	84.5	9.5	4.6	.6	.3	.6
Ward 8	175	80.2	12.4	6.1	.6	.0	.7

Falls

Table 67. Number of Falls Resulting In An Injury, By Demographics and Ward

"Did any of these falls cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor?"

	N	None	One	Two	Three	Four	Five or more
TOTAL	454	63.3	30.3	4.1	1.4	.2	.7
GENDER							
Male	163	68.3	25.6	4.2	.7	.6	.5
Female	291	59.5	33.8	4.0	1.8	.0	.9
AGE							
45-54	144	54.9	36.7	6.1	.6	.0	1.7
55-64	124	66.9	26.8	3.5	1.6	.9	.3
65+	186	69.5	26.0	2.5	2.0	.0	.0
RACE							
Caucasian	224	66.3	27.0	4.5	1.6	.0	.6
African American	191	63.6	31.2	3.5	1.1	.0	.5
Other	14	*	*	*	*	*	*
Hispanic	20	*	*	*	*	*	*
EDUCATION							
Less than High School	48	*	*	*	*	*	*
High School Graduate	72	65.7	24.5	5.2	1.9	1.2	1.5
Some College	69	50.9	37.6	9.1	.6	.0	1.8
College Graduate	261	67.2	29.5	1.7	1.3	.0	.2
INCOME							
Less than $15,000	56	47.3	35.2	12.1	4.6	.0	.8
$15,000-$24,999	56	51.6	37.4	8.7	1.6	.0	.8
$25,000-$34,999	29	*	*	*	*	*	*
$35,000-$49,999	33	*	*	*	*	*	*
$50,000-$74,999	46	*	*	*	*	*	*
$75,000+	167	68.9	27.5	1.5	1.3	.8	.0
WARD							
Ward 1	36	*	*	*	*	*	*
Ward 2	49	*	*	*	*	*	*
Ward 3	78	67.7	25.1	3.8	3.4	.0	.0
Ward 4	62	62.9	33.3	1.8	1.4	.0	.6
Ward 5	47	*	*	*	*	*	*
Ward 6	57	68.3	26.6	1.6	1.0	2.3	.0
Ward 7	41	*	*	*	*	*	*
Ward 8	33	*	*	*	*	*	*

*Data not presented if the unweighted cell was <50.

Sleep

Sleep

Sleep is a much needed requirement for daily physical and mental functioning, as well as good health, and is necessary for the nervous system to properly function. Almost 40 million Americans suffer from chronic, long-term sleep disorders each year. [1] It is recommended by The National Institute of Neurological Disorders and Strokes (NINDS) that most adults should try to get between 7-8 hours of sleep a night. Infants usually require about 16 hours a day, and teenagers can function with about 9 hours of sleep daily. [2]

Many adults – and children too – suffer from sleep deprivation (lack of sleep or insufficient rest). Sleep deprivation can result in compromised decision-making and body coordination. It is estimated that 100,000 motor vehicle accidents and 1500 deaths occur annually as a result of persons being sleep deprived. [3] Lack of sleep can also result in depression, heart disease, hallucinations, irritability, impaired memory, and mood swings. Sleeping disorders are common in persons diagnosed with Alzheimer's disease, stroke, cancer and head injury. Other sleep disorders include insomnia (difficulty falling asleep or staying awake after sleeping), sleep apnea (interrupted breathing during sleep), Restless Leg Syndrome (a prickling or tingling sensation in the legs and feet), and narcolepsy ("sleep attacks" lasting from several seconds to sometimes more than 30 minutes). [4]

District of Columbia Trends

Table 68 Sleep

District residents who responded to the survey were asked if they felt they obtained adequate rest or sleep during the past 30 days. When asked to give the number of days they felt adequate rest or sleep was not obtained, thirty percent (30%) of the respondents overall indicated that had not had any days of adequate rest or sleep.

- Thirty percent (30%) of males and females indicated they did not receive adequate rest or sleep. Twenty-nine percent (29%) of males indicated that over a period of 30 days, they had not obtained 2-5 days of rest. Conversely, 14% of females indicated that over a period of 30 days they had not obtained 21-30 days of rest.

- Fifty-six percent (56%) of adults age 65 years and older reported not having had any days of rest over a 30-day period followed by adults aged 18-24 years of age (33%). Ranked third was adults aged 55-64 years old (30%). Respondents aged 25-34 years of age were most likely to obtain adequate rest and sleep with a prevalence rate of 15%. This was followed second by respondents aged 35-44 years of age at 14% and ranked third was respondents aged 18-24 years of age at 12%.

Reference:

[1-4.] National Institute of Neurological Disorders and Stroke. (2007). Brain basics: Understanding sleep. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved on November 3, 2009 from http://www.ninds.nih.gov/disorders/brain_basics/understanding_sleep.htm.

Sleep

Table 68 Sleep, By Demographics and Ward

"During the past 30 days, for about how many days have you felt you did not get enough rest or sleep."

	N	None	1 day	2-5 days	6-10 days	11-20 days	21-30 days
TOTAL	4175	30.4	3.0	27.3	13.7	13.5	12.1
GENDER							
Male	1551	30.1	2.9	28.9	14.2	14.5	9.4
Female	2624	30.6	3.1	26.0	13.3	12.7	14.3
AGE							
18-24	117	32.5	1.2	26.7	12.7	14.8	12.2
25-34	565	21.7	2.8	30.1	13.7	17.3	14.5
35-44	692	22.7	3.6	26.5	18.7	14.9	13.5
45-54	847	29.0	2.9	29.0	12.8	14.4	11.9
55-64	840	30.2	4.2	29.8	14.9	9.9	10.9
65+	1114	55.9	2.9	19.5	8.1	6.5	7.1
RACE							
Caucasian	1976	19.3	3.0	32.2	17.7	18.4	9.4
African American	1744	37.4	3.0	24.2	10.7	10.7	14.1
Other	162	26.2	4.6	23.4	15.9	16.7	13.2
Hispanic	217	42.2	1.9	24.5	12.4	6.8	12.2
EDUCATION							
Less than High School	323	50.1	1.8	17.3	12.9	5.1	12.8
High School Graduate	645	45.5	3.0	23.6	6.4	9.5	12.1
Some College	634	27.7	2.6	26.2	13.2	16.0	14.3
College Graduate	2559	22.4	3.4	30.7	16.5	15.7	11.3
27.4INCOME							
Less than $15,000	354	45.1	2.7	19.7	8.3	13.9	10.4
$15,000-$24,999	400	38.1	3.7	20.6	10.8	12.7	14.0
$25,000-$34,999	274	35.1	2.9	26.2	12.3	10.7	12.8
$35,000-$49,999	408	37.0	1.4	23.6	13.4	11.4	13.2
$50,000-$74,999	479	25.6	2.5	32.5	11.4	17.8	10.2
$75,000+	1741	19.7	3.3	30.9	17.3	16.3	12.5
WARD							
Ward 1	324	24.4	3.6	31.6	11.0	17.1	12.3
Ward 2	390	26.3	3.3	29.6	16.4	13.3	11.1
Ward 3	644	21.1	3.3	32.5	16.3	18.2	8.6
Ward 4	520	33.5	3.1	22.6	14.1	13.4	13.4
Ward 5	396	31.7	3.2	32.4	11.4	11.8	9.5
Ward 6	470	28.6	2.6	30.7	15.7	11.3	11.1
Ward 7	358	38.9	3.6	19.6	9.7	11.4	16.8
Ward 8	271	35.3	2.1	22.7	11.0	11.3	17.7

Sexual Orientation

Sexual Orientation

Sexual orientation refers to an individual's desire or affection towards another in an emotional, romantic, or sexual manner. Such tendencies range from homosexual (same sex) to heterosexual (opposite sex) and include bisexual (both sexes) inclinations.

Lesbian, gay, bisexual and transgender individuals (LGBT) are at a heightened risk for mental health concerns (suicide, depression and anxiety), sexual health concerns (HIV/AIDS, hepatitis, STDs), substance abuse, and domestic violence. Access to healthcare and communication with healthcare providers who are sensitive and knowledgeable of issues surrounding this population are equally important in order to improve health and create intervention strategies for members of this community.

Table 69: Sexual Orientation

BRFSS respondents were asked about their sexual orientation. Eighty percent (80%) indicated they were heterosexual – which ranked highest – followed by homosexual (5%), bisexual (2%), and other (1%). Females (81%) were more likely than males (78%) to be heterosexual and bisexual (2% versus 1% respectively); however, males (8%) were more likely than females (2%) to be homosexual.

- Persons ages 65 years and older ranked highest as being heterosexual (84%) followed equally by persons between the ages of 18-24 years old and 55-64 years old (81%). Persons aged 45-54 years old (8%) ranked highest as being homosexual followed closely by persons aged 35-44 years old (7%).

- Persons who specified their race as "other" ranked highest as being heterosexual (82%). Hispanics and African Americans were equally ranked second at 80%. Conversely, Caucasians ranked highest as being homosexual (8%) followed by persons who specified their race as "other" (6%).

- High school graduates (81%) were more likely than persons with other levels of education to be heterosexual while college graduates (7%) ranked highest as being homosexual. Respondents with annual household incomes ranging from $50,000 to $74,999 ranked highest as being heterosexual (85%) whereas respondents whose annual household income was $75,000 or greater ranked highest as being homosexual (8%).

- Finally, by ward of the city, BRFSS respondents in Wards 3 and 7 were more likely to be heterosexual (85%). Respondents in Ward 2 were more likely to be homosexual (13%). Ward 1 respondents were more likely to be bisexual (3%).

Sexual Orientation

Table 69. Sexual Orientation, By Demographics and Ward
"What is your sexual orientation?"

	N	Heterosexual or Straight	Homosexual	Bisexual	Other
Total	4124	90.9	5.8	1.9	1.4
GENDER					
Male	1532	87.7	9.4	1.3	1.7
Female	2592	93.8	2.6	2.5	1.1
AGE					
18-24	116	90.1	4.4	2.9	2.7
25-34	557	89.5	5.1	3.8	1.6
35-44	680	90.1	8.2	1.3	.4
45-54	835	88.1	9.1	1.0	1.8
55-64	835	92.6	4.7	1.2	1.5
65+	1101	96.6	1.9	.4	1.0
RACE					
Caucasian	1970	88.3	8.9	2.2	.5
African American	1722	92.9	3.4	1.6	2.1
Other	161	89.1	6.2	1.8	2.9
Hispanic	198	92.5	5.7	1.4	.4
EDUCATION					
Less than High School	301	95.2	1.3	2.4	1.1
High School Graduate	631	93.2	3.2	1.9	1.7
Some College	636	91.6	4.6	1.4	2.4
College Graduate	2543	89.4	7.5	2.0	1.1
INCOME					
Less than $15,000	344	90.9	3.9	.5	4.6
$15,000-$24,999	390	90.0	3.9	2.4	3.6
$25,000-$34,999	269	95.2	3.2	.8	.8
$35,000-$49,999	401	89.0	5.3	3.7	2.1
$50,000-$74,999	475	94.4	4.2	1.2	.2
$75,000+	1743	89.3	8.5	1.6	.6
WARD					
Ward 1	326	84.2	9.5	3.8	2.5
Ward 2	384	82.8	15.0	1.4	.8
Ward 3	639	94.1	3.6	1.9	.4
Ward 4	519	93.9	2.7	2.7	.7
Ward 5	392	88.0	9.2	1.5	1.2
Ward 6	466	92.3	6.3	.0	1.3
Ward 7	357	94.2	1.4	2.4	1.9
Ward 8	265	92.3	3.6	1.0	3.2

Veterans Status

Veteran Status

In 2009, the United States' (including Puerto Rico) total veteran population was approximately 23 million with the women veterans' population at an estimated 1.8 million. [1] Many veterans face social and health challenges to include mental illness, substance abuse, homelessness, physical ailments (namely kidney disease, heart disease, liver disease, stroke, and HIV/AIDS) and disability.

Numerous veterans are confronted with chronic (and some debilitating) illnesses. Some illnesses may be diagnosed while in an active duty status; however, upon separation, treatment for these illnesses must continue. An estimated 62,000 veterans with HIV and AIDS have been treated at VA facilities since the disease was first recognized in 1981. In 2007, the VA treated over 23,000 veterans with HIV/AIDS.

The District of Columbia has an estimated 31,423 civilian veterans. [2] (The VA reports that there are nearly 4,000 women veterans in the District of Columbia.) A recent survey conducted by the DC Department of Human Services discovered 537 homeless veterans sleeping in shelter, transitional housing or on the street. The survey further identified that the average time spent homeless was 7 years, most veterans are middle-aged, disproportionately African American (84%), and had been to jail or prison (69% and 32% respectively). Many of the veterans surveyed were tri-morbid (i.e., have mental health problems, serious medical conditions, and substance abuse issues). [3]

Table 70: Veteran Status

- Eight percent (8%) of District respondents indicated they had served on active duty in the United States Armed Forces (either in the regular military or a National Guard or military reserve unit).

- Men (16.5%) were more likely than females (1.4%) to serve in the active duty in the United States Armed Forces.

- Adults aged 65 years and older ranked highest at 23% followed by residents who were 55-64 years old (11%). African American respondents (11%) were more likely to have served as well as adults with some college education (12%). Respondents with an annual household income between $35,000 and $49,999 ranked highest at (11%), and following closely at 10% were residents with an annual household income of $25,000-$34,999 and $50,000-$74,999.

- Ward 7 residents (14%) were more likely to be veterans whereas Ward 2 residents (5%) were least likely to be veterans.

References:

1. Source: Department of Veterans Affairs, VetPop07, at http://www.va.gov/vetdata/.
2. Source: US Census Bureau, 2008 American Community Survey at http://factfinder.census.gov/servlet/MYPTable?_bm=y&-state=myp&-context=myp&-qr_name=ACS_2008_1YR_G00_CP2_1&-ds_name=ACS_2008_1YR_G00_&-tree_id=308&-_caller=geoselect&-geo_id=04000US11&-format=&-_lang=en.
3. Cunningham, M. (2009). Targeting chronically homeless veterans with HUD-VASH. Metropolitan Housing and Communities Center, The Urban Institute, Washington, DC.

Veteran Status

Table 70. Veteran Status, By Demographics and Ward

"Have you ever served on active duty in the United States Armed Forces, either in the regular military or a National Guard or military reserve unit?"

	N	Yes	No
TOTAL	4242	8.3	91.7
GENDER			
Male	1574	16.5	83.5
Female	2668	1.4	98.6
AGE			
18-24	118	1.6	98.4
25-34	569	3.4	96.6
35-44	695	5.4	94.6
45-54	857	7.8	92.2
55-64	851	10.7	89.3
65+	1152	22.8	77.2
RACE			
Caucasian	1998	7.8	92.2
African American	1778	10.8	89.2
Other	164	3.4	96.6
Hispanic	222	1.4	98.6
EDUCATION			
Less than High School	334	4.6	95.4
High School Graduate	664	8.5	91.5
Some College	645	12.3	87.7
College Graduate	2585	7.8	92.2
INCOME			
Less than $15,000	360	5.9	94.1
$15,000-$24,999	411	9.1	90.9
$25,000-$34,999	278	9.5	90.5
$35,000-$49,999	412	10.7	89.3
$50,000-$74,999	482	9.6	90.4
$75,000+	1754	7.9	92.1
WARD			
Ward 1	328	6.5	93.5
Ward 2	393	5.3	94.7
Ward 3	651	7.2	92.8
Ward 4	533	6.7	93.3
Ward 5	400	11.0	89.0
Ward 6	477	9.9	90.1
Ward 7	365	14.1	85.9
Ward 8	275	8.2	91.8

Child Health

Child Health

A child's health is paramount to his/her growth and development. Immunizations, nutrition, and exercise all contribute to his wellbeing physically, mentally, emotionally, and socially. Maintaining a child's health however, is sometimes confusing as parents are bombarded with new health strategies and preventions.

Some childhood diseases carry no symptoms or signs. Therefore, appointments for well visits and oral exams should be conducted annually or as recommended by the child's pediatrician or health professional. At such visits, screening tests can be performed to check for deficits in a child's growth and development. Such screenings may include checks for obesity, diabetes, lead poisoning, and tuberculosis. Parents should have children vaccinated from birth through 6 years old since vaccinations provide protection against potentially serious diseases such as measles, mumps, rubella (German measles), hepatitis, varicella (chickenpox), and flu. Exercise – at least 60 minutes per day for children and adolescents – should also be encouraged.

As the BRFSS continues to expand on the collection of leading health risk factors and behaviors, data is being captured and collected by parental respondents on health issues facing their children. Although self-reported, the District of Columbia views obtaining children's health information as vital to providing appropriate care and services to children of all ages. Four of the most prevalent health concerns facing children today are obesity, asthma, diabetes, and oral health. Of the four, data on diabetes, asthma and oral health were collected from parents through the BRFSS.

Child Oral Health

The lack of historical oral health data at the DC Department of Health has resulted in limited functional oral health policy. Additionally, this lack of data has not permitted appropriate budgeting and long term financing of the oral health needs of the city, especially in underserved areas. The BRFSS data on sealants has allowed the oral health program to capture much needed reliable data for policy development, program planning and evaluation.

Because of the complexity of the delivery of oral healthcare in the District, the accomplishments of oral public health surveillance in a timely fashion has been absent. Thus, in practice, the prevalence of oral disease among at-risk populations at the state level has remained largely undocumented.

One of the most effective methods of reducing early childhood caries (according to CDC) is by placing dental sealants on the chewing surfaces, pits and fissures of teeth shortly after they erupt. The dental sealants which are a thin plastic coating prevent tooth decay by creating a barrier between teeth and decay causing bacteria in small children. Sealants also stop cavities from growing and can prevent the need for expensive fillings. Sealants are 100% effective if they are fully retained on the tooth.

Table 71: Child Oral Health

BRFSS respondents were asked if their child ever had dental sealants. Sixteen percent (16%) responded affirmatively. Marginally, males (17%) were more likely than females (16%) to have had dental sealants applied to their teeth, and children between the ages of 9 years old and 17 years old (25%) were more likely to have had dental sealants than children 8 years old and under (11%). Children of Hispanic parents (21%) ranked highest as having had dental sealants followed by children of Caucasian parents (19%). Children whose parents had less than a high school education (21%) were more likely to have had dental sealants than children whose parents had any other level of education. Further, children whose annual household income was $25,000-$34,999 ranked highest (23%) as having had dental sealants followed by children whose annual household income was $15,000-$24,999 at 21%.

Finally, children who were residents of Ward 3 (27%) were more likely than children who were residents of any other ward to have had dental sealants. Ranked second was children who were residents of Ward 5 (19%). Children who were Ward 7 residents ranked last at 10%.

Child Oral Health

Table 71. Child dental, By Demographics
"Has this child ever had dental sealants?"

	N	Yes	No
TOTAL	858	16.3	83.7
GENDER			
Male	459	16.6	83.4
Female	399	15.9	84.1
AGE			
8 or under	488	11.2	88.8
9 to 17	370	24.9	75.1
RACE of PARENT			
Caucasian	337	18.7	81.3
African American	402	13.4	86.6
Other	38	*	*
Hispanic	70	21.1	78.9
EDUCATION of PARENT			
Less than High School	68	20.8	79.2
High School Graduate	180	15.8	84.2
Some College	150	17.4	82.6
College Graduate	461	14.7	85.3
INCOME of PARENT			
Less than $15,000	76	8.5	91.5
$15,000-$24,999	96	20.8	79.2
$25,000-$34,999	64	23.0	77.0
$35,000-$49,999	92	13.6	86.4
$50,000-$74,999	56	16.2	83.8
$75,000+	407	15.2	84.8
WARD			
Ward 1	61	12.9	87.1
Ward 2	45	*	*
Ward 3	128	26.5	73.5
Ward 4	124	18.9	81.1
Ward 5	81	19.4	80.6
Ward 6	108	14.5	85.5
Ward 7	87	10.0	90.0
Ward 8	88	12.8	87.2

*Data not presented if the unweighted cell size was <50.
Small numbers prohibit the display of the data by Ward.

Child Diabetes

Another chronic common illness among children is diabetes. In simple terms, diabetes is the body's inability to process glucose (sugar) adequately. Type 1 diabetes is indicative of the body's inability to produce insulin (or the body produces very little insulin), and occurs most often in persons under age 30 although it can be diagnosed in any person at any age. (This is sometimes called "juvenile diabetes" or "pre-diabetes".) Type 2 diabetes most often occurs in persons over age 35. In Type 2 diabetes, the pancreas produces insulin (unlike in Type 1 where the body produces no insulin), but the body does not use the insulin effectively. Annually, 13,000 young people are diagnosed with Type 1 diabetes. [1] While Type 2 diabetes can affect persons of any race, in the past 2 decades, it has been increasingly reported in children and adolescents, especially American Indian children. [2]

To increase early diagnosis and prevention, the CDC is collaborating with other agencies and organizations to raise physician awareness, determine trends among different ethnic groups, improve the quality of care for children and adolescents diagnosed with Type 2 diabetes, and to develop a standard case definition for treatment and follow-up care. [3]

Table 72: Child Diabetes

Only 1% of respondents with children reported they had been told by a doctor that their child had diabetes. Males and females equally (1%) were likely to have been diagnosed with diabetes and were under the age of 17 years. African American children were disproportionately (1%) affected than any other race, and the parents were more likely to be high school graduates or have had some college education (2%). Parents with an annual household of income of $15,000 - $24,999 were more likely than others (3%) to have children diagnosed with diabetes.

By Ward, children who were residents of Ward 2 (5%) were more likely than children in any other Ward to be diagnosed with diabetes, followed by children in Ward 4 (2%). Respondents with children in Wards 1, 3, 5, 6, and 8 reported no incidences of children being diagnosed with diabetes. Ward 7 respondents had a prevalence rate of 1%.

References:

[1-3.] Center for Disease Control and Prevention. (2008). National Center for Chronic Disease Prevention and Health Promotion: Diabetes Projects. Retrieved January 27, 2010 from http://www.cdc.gov/diabetes/projects/cda2.htm.

Child Diabetes

Table 72. Child Diabetes, By Demographics
"Have you ever been told by a doctor that you child has diabetes?"

	N	Yes	No
TOTAL	902	.8	99.2
GENDER			
Male	482	1.0	99.0
Female	420	.7	99.3
AGE			
8 or under	505	.8	99.2
9 to 17	397	.9	99.1
RACE of PARENT			
Caucasian	353	.0	100.0
African American	424	.9	99.1
Other	39		
Hispanic	74	.0	100.0
EDUCATION of PARENT			
Less than High School	74	.0	100.0
High School Graduate	188	2.0	98.0
Some College	155	1.5	98.5
College Graduate	486	.3	99.7
INCOME			
Less than $15,000	79	.0	100.0
$15,000-$24,999	102	3.2	96.8
$25,000-$34,999	68	1.6	98.4
$35,000-$49,999	93	1.7	98.3
$50,000-$74,999	59	.0	100.0
$75,000+	425	.0	100.0
WARD			
Ward 1	62	.0	100.0
Ward 2	48	5.3	94.7
Ward 3	138	.0	100.0
Ward 4	127	2.0	98.0
Ward 5	89	.0	100.0
Ward 6	112	.0	100.0
Ward 7	90	1.4	98.6
Ward 8	91	.0	100.0

Child Asthma

Asthma is one of the most common chronic childhood illnesses. Symptoms can be caused by allergens or irritants that are inhaled into the lungs, resulting in inflamed, clogged and constricted airways. Symptoms include difficulty breathing, wheezing, coughing and tightness in the chest. In severe cases, asthma can be deadly.

Asthma is the third-ranking cause of hospitalization for children,[1] and the number one cause of school absenteeism among children ages 5 to 17, accounting for more than 14 million total missed days of school (approximately 8 days for each student) and 44% of all asthma hospitalizations. [2,3] The death rate for children under 19 year old has increased by nearly 80% since 1980. [4] There is no cure for asthma, but asthma can be managed with proper prevention and treatment.

Table 73: Prevalence of Childhood Asthma

Asthma: Parents were asked if they were ever told by a doctor or other health professional if their child had asthma and if the child currently still has asthma. Results are as follows.

- Nearly 15% of respondents indicated they had been told that their child had asthma and 66% indicated the child still had asthma.
- Males (19%) were more likely than females (11%) to have been diagnosed with asthma; however, females (76%) were more likely than males (61%) to currently still have asthma.
- African Americans ranked highest as having been diagnosed with asthma (19%) and currently still having asthma (72%). High school graduates (18%) were more likely to have been told their child had asthma and college graduates (73%) were more likely to report their child still had asthma.
- Twenty-seven percent (27%) of respondents whose annual household income was from $15,000 to $24,999 were more likely to report being told their child had asthma. Adults whose annual household income was $75,000 or more (75%) were more likely to report their child still had asthma.

References:

1. Centers for Disease Control and Prevention. (2003). Morbidity and Mortality Report, National Center for Health Statistics (NCHS).

2,3. Asthma and Allergy Foundation 1992 and 1998 Study. (2000). "The costs of asthma". Retrieved on January 27, 2010 from http://www.aafa.org/display.cfm?id=8&sub=42.

4. Centers for Disease Control and Prevention. (2001). New asthma estimates: Tracking prevalence, health care and mortality", National Center for Health Statistics (NCHS).

Child Asthma

Table 73. Prevalence of Childhood Asthma, By Demographics and Ward

"Has a doctor, nurse or other health professional ever said that the child has asthma?" and "Does the child still have asthma?"

	N	Ever Told Have Asthma	N	Still Has Asthma
		Yes		Yes
TOTAL	900	14.8	140	66.2
GENDER				
Male	480	18.7	84	61.0
Female	420	10.5	56	75.9
AGE				
8 or under	503	10.6	59	81.6
9 to 17	397	21.8	81	52.9
RACE				
Caucasian	353	8.4	37	*
African American	421	18.8	87	72.0
Other	39	*	6	*
Hispanic	75	13.0	7	*
EDUCATION				
Less than High School	74	15.4	11	*
High School Graduate	187	17.8	38	*
Some College	154	16.7	29	*
College Graduate	486	12.0	61	73.4
INCOME				
Less than $15,000	78	10.9	13	*
$15,000-$24,999	102	26.7	27	*
$25,000-$34,999	67	13.0	6	*
$35,000-$49,999	92	18.9	14	*
$50,000-$74,999	59	13.4	12	*
$75,000+	426	11.6	57	76.4
WARD				
Ward 1	62	13.9	9	*
Ward 2	47	19.6	9	*
Ward 3	138	11.2	19	*
Ward 4	128	17.7	22	*
Ward 5	89	22.2	17	*
Ward 6	110	9.3	14	*
Ward 7	89	18.6	17	*
Ward 8	91	14.7	19	*

*Data not presented if the unweighted cell size was <50.

*Ward not presented for still have asthma due to small cell size.

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